

2020 SPECIAL NEEDS PRE-REGISTRATION FORM

Confidential: Only for Diane Saltzberg, Special Needs Consultant or Allison Hitchings, Special Needs Director

Please complete the form below and submit with a non-refundable \$50 evaluation fee, payable by check to Camp Grossman. If your child is accepted into and attends the Camp Grossman program, this fee will be applied toward your child's tuition.

CAMPER INFORMATION

Child's Name _____

Date of Birth Month _____ Day _____ Year _____ Gender _____

Address _____

Parent/Guardian Name _____

Address (if different than above) _____

Primary Phone _____ Secondary Phone _____
 cell home work cell home work

Email _____ Relationship to Camper _____

Parent/Guardian Name _____

Address (if different than above) _____

Primary Phone _____ Secondary Phone _____
 cell home work cell home work

Email _____ Relationship to Camper _____

With whom does the child live? _____

EDUCATIONAL INFORMATION

Does the child have an IEP or a 504 plan? _____

What is the diagnosis? _____

In what type of school program is the child enrolled? _____

Primary School Contact Person _____

Phone Number _____ Email _____

Secondary School Contact Person _____

Phone Number _____ Email _____

Parents: Please notify your school contact(s) that a Camp Grossman special needs representative will be reaching out and has authorization to receive information about your child.

Please turn over →

CAMP EXPERIENCE

Has the child ever been to camp before? _____

If so, where and when? _____

Briefly describe their camp experience: _____

MEDICAL INFORMATION

Is your child currently on any medication? Yes No

If so, please list _____

Is your child receiving behavioral health services? Yes No

If so, with whom? _____

Phone Number _____

I hereby give permission for Diane Saltzberg or Allison Hitchings to contact the aforementioned school and medical professionals in considering my child for enrollment in Camp Grossman.

Print Name _____

Signature _____

Date _____

Relationship to child _____

Please include \$50 pre-screening fee and mail to:

Camp Grossman
Attn: Diane Saltzberg or Allison Hitchings
333 Nahanton Street
Newton, MA 02459