

2022 SPECIAL NEEDS PRE-REGISTRATION FORM

Confidential: Only for Allison Hitchings, Special Needs Director

Please complete the form below and submit to Camp Grossman.

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 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 mail to:

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