



# CAMP INFORMATION FORM

All pages of this form must be filled out completely. Please return to:  
92nd Street Y Camps, 1395 Lexington Avenue, NY, NY 10128

FOR OFFICE USE ONLY
Appt _____
Financial Aid _____
Program Accepted _____
Auth. Signature _____
Date _____

Dear Camp Family,

On your camp registration form you indicated that your child has an Individualized Education Program. In order to best serve your child this summer, we ask that you complete the following form as *applicable to your child* and return it to the 92nd Street Y Camp Office.

As always, feel free to contact us at 212-415-5573 or camps@92Y.org if you have any questions.

The 92nd Street Y Camp Staff

**PLEASE PRINT**

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL PHONE NUMBER \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_ BOE CLASSIFICATION \_\_\_\_\_

DEVELOPMENTAL DISABILITY / DIAGNOSIS \_\_\_\_\_

PARENT'S NAME / LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(City) (State) (Zip)

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL \_\_\_\_\_

PAERNT'S NAME / LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(City) (State) (Zip)

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL \_\_\_\_\_

The 92nd Street Y reserves the right and has sole discretion to terminate and/or limit the participation of a child if it is deemed that a child's behavior is inappropriate for or harmful to the well-being of the program.

Please attach any reports (i.e. School IEP, Psychological, etc.) that might help us to understand and care for your child.

PARENT / GUARDIAN SIGNATURE

DATE

**PLEASE PRINT**

**To broaden our understanding of your child, it is often helpful for us to talk with other professionals who know your child well. Please complete the following:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD:

TEACHER     THERAPIST     COUNSELOR     OTHER (SPECIFY) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD:

TEACHER     THERAPIST     COUNSELOR     OTHER (SPECIFY) \_\_\_\_\_

**DOES YOUR CHILD RECEIVE ANY SERVICES AND/OR ACCOMODATIONS AT SCHOOL THAT CAN BE CARRIED OVER INTO A CAMP SETTING? IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD HAVE A BEHAVIORAL PLAN THAT HAS BEEN IMPLEMENTED AT HOME OR IN SCHOOL? IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_  
\_\_\_\_\_

**PERTINENT MEDICAL HISTORY**

**PLEASE BE SPECIFIC IN ANSWERING THESE QUESTIONS:**

ALLERGIES \_\_\_\_\_

MEDICATIONS (dosage, time, reason) \_\_\_\_\_

SPECIAL DIETARY REQUIREMENTS \_\_\_\_\_

**ADDITIONAL RECREATIONAL PROGRAMMING**

● AFTER SCHOOL \_\_\_\_\_

● SUMMER CAMP (PREVIOUS) \_\_\_\_\_

● THERAPY (Please indicate what kind of therapy) \_\_\_\_\_

**PLEASE PRINT**

## SKILL DEVELOPMENT

PLEASE BE SPECIFIC IN ANSWERING THESE QUESTIONS. PLEASE TELL US ABOUT YOUR CHILD'S:

GROSS MOTOR (balancing, running, jumping, etc.) \_\_\_\_\_

\_\_\_\_\_

FINE MOTOR (dexterity, manipulates small objects, scissors, etc.) \_\_\_\_\_

\_\_\_\_\_

EXPRESSIVE LANGUAGE \_\_\_\_\_

\_\_\_\_\_

RECEPTIVE LANGUAGE \_\_\_\_\_

\_\_\_\_\_

REACTION TO EXTERNAL STIMULATION (NOISE, CROWDS, TOUCH, ETC.) \_\_\_\_\_

\_\_\_\_\_

IS THERE ADDITIONAL INFORMATION THAT DESCRIBES YOUR CHILD? (concentration, eye contact, communication, attention span, behavior, other ) \_\_\_\_\_

\_\_\_\_\_

## SOCIAL DEVELOPMENT

PLEASE BE SPECIFIC IN ANSWERING THESE QUESTIONS:

● DOES YOUR CHILD ASK FOR HELP? IF SO, WHEN? \_\_\_\_\_

\_\_\_\_\_

● WHAT MAKES YOUR CHILD ANXIOUS? \_\_\_\_\_

\_\_\_\_\_

● HOW DOES YOUR CHILD EXPRESS ANGER? \_\_\_\_\_

\_\_\_\_\_

● DESCRIBE PEER RELATIONSHIPS (taking turns, sharing, making friends) \_\_\_\_\_

\_\_\_\_\_

● DESCRIBE YOUR CHILD'S ABILITY TO INTERACT WITH PEERS IN A GROUP SETTING: \_\_\_\_\_

\_\_\_\_\_

● DESCRIBE HIS/HER COPING SKILLS: \_\_\_\_\_

\_\_\_\_\_

● SPECIAL STRENGTHS & ABILITIES: \_\_\_\_\_

\_\_\_\_\_