



## Camper Information

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Preferred name:** \_\_\_\_\_ **birthdate:** \_\_\_\_\_

**Current school:** \_\_\_\_\_ **grade:** \_\_\_\_\_

*Please describe your child, (personality, likes/dislikes, etc)*

## Parent/Guardian #1 Information

Parent/Guardian Name
Relationship to Camper
Address
Home Phone
Work Phone: _____
Cell Phone: _____
E-mail

## Parent/Guardian #2 Information

Parent/Guardian Name
Relationship to Camper
Address
Home Phone
Work Phone: _____
Cell Phone: _____
E-mail

## Emergency Contact

Emergency Contact (Other than Parent/Guardian): Name: _____
Phone Number: _____
Relationship to Camper: _____

## **Additional Camper Information**

*ZABC campers and staff will provide lunch daily. We will make sure each meal is compliant to all known dietary restrictions.*

*Food allergies and other dietary restrictions:*

*Non-food allergies:*

*Medical Concerns:*

*Current Medications:*

*Camper Strengths:*

## **Presenting Concerns**

*Please describe, or explain briefly.*

***Attention Issues:***

***Social Issues:***

***Compliance Issues:***

***Self-Regulation Issues:***

***Is there anything else you would like the staff at ZABC to know?***