

**Whitefish Bay Recreation and Community Education Department**  
5205 North Lydell Avenue  
Whitefish Bay, Wisconsin 53217  
(414) 963-3947

**Inclusive Camp Program Intake Form**

The Inclusive Camp Program was created for students with special needs and provides an Inclusive Facilitator to assist campers in enjoying all aspects of this traditional summer camp. The Inclusive Camp is staffed with an Inclusion Facilitator along with Day Camp staff. If your child's needs require 1:1 adult support at all times, we ask that you make arrangements to provide that support for your child. **Dedicated 1:1 support cannot be provided by the Recreation Department.**

Participation in field trips for Inclusive campers will be determined on a case-by-case basis by contacting Carin Keland at 963-3888 or carin.keland@wfbschools.com.

The information provided below will be treated as confidential and is for the purpose of helping camp staff understand your child's needs and preferences as the staff strives to create and support successful interactions for all children.

Please answer all questions. Information provided by parent is strictly confidential.

**Child Information**

Child's full name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade level in Fall 2018: \_\_\_\_\_

School: \_\_\_\_\_

**Parent Information**

Mother's first and last name: \_\_\_\_\_

Father's first and last name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Child will be released only to the following person in addition to parents. Please note that pick-ups cannot extend beyond the scheduled release time.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Emergency Information**

Person (aside from parents) to notify in case of emergency

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

In the event emergency treatment is required, preferred hospital: \_\_\_\_\_

**Child Information**

Does your child have any playmates or siblings registered for Camp Richards? Please list.

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

Does your child have special dietary instructions of which we should be aware? Please explain.

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

Please briefly describe the nature of your child's differences in ability.

\_\_\_\_\_  
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What medical needs of your child might require attention during camp? Please explain.

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Are there particular triggers that make your child fearful or anxious, excited or angry? Please describe the triggers and how these feelings manifest in your child.

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Please describe the coping mechanisms and strategies that help your child in these situations.

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What activities does your child love to do? What makes your child happy?

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How does your child communicate wants or needs, feelings, social overtures?

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Please use the following space to include any further information that might help in understanding how to ensure an enriching and engaging experience at camp for your child.

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