



# BRACEBRIDGE RECREATION CAMPER INTAKE FORM



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
 Special needs: \_\_\_\_\_  
 Medications: \_\_\_\_\_

**Areas to anticipate challenging behaviour:**

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**Listening skills:** \_\_\_\_\_

**Anticipated behavior during:**

- Active games: \_\_\_\_\_
- Quiet games: \_\_\_\_\_
- Lunch and snacks: \_\_\_\_\_
- Swimming: \_\_\_\_\_
- Change room: \_\_\_\_\_
- Bussing: \_\_\_\_\_
- Large group activities: \_\_\_\_\_
- Gymnastics: \_\_\_\_\_
- Trips: \_\_\_\_\_
- Extended care: \_\_\_\_\_

**What are some techniques that work at home and school for your child that you can pass along:**

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**Does your child experience changes in behaviour from morning to afternoon? Please elaborate:**

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\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date