



BRACEBRIDGE
The Heart of Muskoka

Camper Intake Form

Name: _____ Age: _____ Sex: M/F

Special Needs: _____

Medications: _____

Areas to anticipate challenging behavior: _____

Listening skills: _____

Anticipated behaviour during -

Active games: _____

Quiet games: _____

Lunch and Snacks: _____

Swimming: _____

Change room: _____

Bussing: _____

Large group activities: _____

Gymnastics: _____

Trips: _____

Extended care: _____

Techniques that work at home and school for your child that you can pass along:

Does your child experience any Changes in behavior from morning to afternoon?

Please elaborate: _____

Parent or Guardian Signature

Date