



## Camper Intake 2020

**Participant Name:** \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_ Male (  ) Female (  )

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

Type of classroom setting (e.g. essential skills, resource, mainstream) \_\_\_\_\_

Participant hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

Do you prefer to be contacted via email or phone? \_\_\_\_\_

Does Camper have Medicaid Waiver? \_\_\_\_\_

Do they plan on using their waiver for camp? Yes \_\_\_ No \_\_\_

Will attend week(s): \_\_\_ June 8 \_\_\_ June 15 \_\_\_ June 22

Please email completed form to [lmkabzinski@sycamoreservices.com](mailto:lmkabzinski@sycamoreservices.com) with the subject

“Summer Journey”, or mail to:

Sycamore Services, Inc.

Attn: Lisa Kabzinski

P.O. Box 369

Danville, IN 46122

Deposit of \$50 per week due with form. Early bird discount - \$40 per week if paid by April 15. Checks can be made payable to **Sycamore Services**. Upon receipt, Lisa will contact you with more information.