

INFORMATION FORM

****Must be completed for approval process****

www.camhorizons.org -forms available on our website

Camp Horizons, Inc.
P. O. Box 323 South Windham, CT 06266
860-456-1032 fax: 860-456-4721

Camper's Name: _____ DOB: _____ Sex: _____

Address: _____ Tel: () _____
(Street) (City, State) (Zip Code)

Camper resides with: _____

Name of Legal Guardian(s): _____ Type of guardian: _____

Address: _____ Home Tel: () _____
(Street) (City, State) (Zip Code)

Cell Phone () _____ Business () _____ Name of Business _____

E-Mail Address: _____

Is this Guardian the primary contact? YES _____ NO _____

Contact Information:

Anyone you list must be available at all times while your camper is at Camp and must have the ability and permission to make decisions, transport the camper and act in the camper's behalf in the absence of the guardian. ***Include all phone numbers with area codes.***

Primary Contact Where the Camper Lives:

1. Name: _____ Relationship: _____ Home () _____

Cell Phone () _____ Business () _____ Name of Business _____

E-Mail Address: _____

Alternate Contacts:

2. Name: _____ Relationship: _____ Home () _____

Cell Phone () _____ Business () _____ Name of Business _____

E-Mail Address: _____

3. Name: _____ Relationship: _____ Home () _____

Cell Phone () _____ Business () _____ Name of Business _____

E-Mail Address: _____

4. Name: _____ Relationship: _____ Home () _____

Cell Phone () _____ Business () _____ Name of Business _____

E-Mail Address: _____

Do you or any of your contacts plan to be away? Where, when, etc.? Please feel free to attach an itinerary.

Specifically whom would you like your camper to write a letter to while at camp? Please include address if not listed on front page:

Specifically whom would you like your camper to email while at camp? Please include email address if not listed on front page:

Does your camper wish to be in a cabin with a particular friend? Who?: _____

We will make every effort to accommodate your request, however, we cannot guarantee it

- Are there restrictions on soda? _____
- Are there restrictions in the trading post? _____
- Would your camper like to participate in our Vocational Program setting up tables for meals, cleaning up after meals, filling the soda machine, delivering laundry, etc? _____
- Remember to send in a recent photo of your camper!

Please note all recent changes in medical status, behavior, sleeping patterns, living arrangements, work or school programs, etc.

For New Campers:

Has your camper attended camp before? _____ Name of Camp _____

Level and type of disability: _____

How did you first learn about Camp Horizons? _____

Does your camper attend school? _____ Work Program _____ Other _____

Name of school / work program / other _____ Phone # _____

Address _____ Teacher / Supervisor: _____

Name of person completing this form: _____

Relationship to Camper: _____ **Date:** _____