



Whitemarsh Township Camper Support Services Information Form

Camper Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian E-mail Address: _____

Please describe the type of service: (i.e.- Behavioral Specialist, TSS, etc)

What agency or organization is the support through?

What is the name of the support specialist that will be present at camp?

What days and times is the support specialist scheduled to be present at camp?

(Please list specific dates when possible)

Will the service require your child to be isolated from the camp for any portion of the service?

Will the support specialist ever be attending trips? *(Please note: We are unable to cover any admission fees or other costs associated with the trip for the individual)*

Any additional information you would like to provide? *(Please continue on the back of page if needed)*

Parent/Guardian Printed Name: _____

Parent Guardian Signature: _____

Date: _____