CONFIDENTIALITY STATEMENT: The information you provide to us is confidential and will only be used to become familiar with each child we serve and to establish goals for him or her while at camp. Information will not be released to a parent. The principle of confidentiality is maintained in all programs, functions, and activities.

Jameson Camper Recommendation Form

A Recommendation Form is voluntary and would be completed for the following reasons:

- **If you are recommending a child for camp**: **1)** Complete this form. **2)** Return it to Jameson Camp via fax or mail (see bottom of this page). **3.) Contact the parent/ guardian** of the child you are recommending so they may register by visiting www.jamesoncamp.org, emailing questions to Jessica@jamesoncamp.org, or calling 317-241-2661.
- **If you are a parent/guardian** and feel that a professional who works with your child **(teacher, social worker, pastor, counselor, etc.)** could provide additional information about him/her that would help us better meet the needs of your camper.

★***PLEASE NOTE: A CAMPER APPLICATION MUST BE COMPLETED TO ATTEND CAMP***★

CAMPER/GUARDIAN INFORMATION

Child's Name: _____ Birthday: ____/____/____ Gender: M F

Parent/Guardian _____ Relationship_____

Address _____

City State Zip

E-Mail Address: _____

Phone: Home: (____) _____ Work: (____) _____ Other: (____) _____

RECOMMENDING PARTY'S INFORMATION

Recommending Agent_____ School or Agency _____

Relationship to Child _____

Address _____

City State Zip

E-Mail _____ Phone (____) _____

Summer Number (if different) (___) _____ *May we contact you during the summer if issues arise? Y / N*

Signature of Recommending Agent _____ Date _____

★***Party responsible for cost of camp:*** **Agency ____ Other Sponsor_____ Family _____ Unknown ____**

REASON FOR RECOMMENDATION

How will this child benefit from camp? To your knowledge, have any significant events occurred at home or at school that may have had an impact on the child? Does this child struggle with any social, emotional, or behavioral challenges of which Jameson Camp should be aware? ***Please note this camper's strengths as well as weaknesses and/or coping mechanism.***

_____

_____

_____

_____

_____

_____(*continue on back of pg if needed)*

Has this child been diagnosed with any of the following? (please check all that apply)

☐ ADD/ADHD ☐ Oppositional Defiant Disorder ☐ Autism

☐ Asperger Syndrome ☐ Bipolar Disorder ☐ Developmental Disorder NOS

☐ Learning Disorder ☐ Depression ☐ Other: _____

2001 Bridgeport Road Indianapolis, IN 46231 317-241-2661 Fax: 317-241-2762