

❦ CAMP ❦ CAN ❦ DO ❦

Camper Intake 2019

Camper Name: _____

Date of birth (mm/dd/yy): _____

Male () Female ()

Grade in School (Fall 2019): _____ School Name: _____

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

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? _____

Will attend week(s): _____ June 10 _____ June 17 _____ June 24

Please email completed form to lmkabzinski@sycamoreservices.com with the subject "Camp Can Do", or mail to:

Sycamore Services, Inc.
Attn: Lisa Kabzinski
10 W. Hanna Avenue
Indianapolis, IN 46217

Deposit of \$50 due with form.

Upon receipt, Lisa will contact you with more information.