



SUMMERTIME AT ANCHOR CENTER!

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

Which summer camps are you applying for? Respite Camp Anchors Away Summer Sprouts Sprouts Sibling

Parent/guardians' names and phone numbers: _____

Please list anyone other than parents who are authorized to drop-off/pick-up your child:

Name Relation Phone

For Respite Camp and Anchors Away, please tell us a little about your child:

What does your child enjoy? What are your child's strengths? _____

List any specific soothing items or activities: _____

What does your child dislike? What type of support does your child need from adults? _____

Feeding: Does your child have any food allergies, sensitivities or restrictions? No Yes. Please list:

Special eating/feeding needs: _____

Toileting: Does your child wear diapers? Yes No
How much help does your child need with toileting? Any special considerations? _____

Does your child have any emergency medications? No Yes Please list: _____

***Please note, we will need additional paperwork from your doctor's office for any emergency medications. We are NOT able to administer routine medication during summer programs.**

If you have any questions, please contact Courtney Albers at 303-377-9732 ext. 133 or calbers@anchorcenter.org. We would be happy to answer any questions you may have regarding Anchor Center in the summer!