

# Lewiston Recreation Department Camp Communication Form

65 Central Avenue, Lewiston, ME 04240

Phone: 207-513-3005 Fax: 207-786-0783

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This form will be used to assist the Lewiston Recreation Department in providing the best possible experience while participating in our childcare programs. Please completely fill out this form prior to your child's start in the program. The information will be shared with department employees who will be working with your child.

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Program this child is participating in: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known behavior or health concern which you want us to be aware of:

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Parent/Guardian's recommendations for the Lewiston Recreation staff to best help your child:

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Are there any situations which might trigger this concern in your child?

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While your child is attending school, has there been any plan of action designed which has been effective? If so, please describe here:

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I give my permission for the above information to be shared with Lewiston Recreation staff who will be working with my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_