

Raeme's Transition Services

Summer Camp Registration

Session & Location requested:

Week(s) Requested: _____

Consumer: _____
First MI Last Preferred First Name

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ School: _____ Grade completed: _____

Male Female T-shirt size (please circle one): XS S M L XL XXL XXXL

Parent/Guardian Name: _____ Relationship _____

Home phone: _____ Alt phone: _____ Consumer cell: _____

Primary Disability: _____

About the Participant

Participant has difficulty with **Social Interaction**.

Participant has the following **Behavioral Challenges**:

Participant requires the following **Special Accommodations**:

Additional Information/Comments: