

# UNFOLD

A CAMP FOR SIBLINGS OF CHILDREN WITH SPECIAL NEEDS

## INFORMATION FORM

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent (s) Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Has your child ever attended an UNFOLD camp before: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Name of brother or sister with special needs: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name or description of disability or health concern: \_\_\_\_\_

What kind of related services (i.e speech, OT, PT, counseling, etc) does this child receive?:

\_\_\_\_\_  
\_\_\_\_\_

Other siblings (name, ages and gender): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from this experience? Are there any particular topics you would like addressed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs, food allergies, or other health restrictions of their own that we should know about? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information that you feel would make this experience a more enjoyable and educational experience for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like your name placed on a list to be distributed to siblings and their families?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like your phone number included? \_\_\_\_\_ Yes \_\_\_\_\_ No

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*I hereby give my child permission to participate in UNFOLD. I also agree to hold Pediatric Development Center harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs for the purpose of education and promotion of UNFOLD.*

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

Please return this form along with Registration Form to:  
Pediatric Development Center  
125 Presumpscot Street  
Portland, ME 04103