



Summer Camp Permission to Share Information

**Please return forms and additional information to summercamp@earthplace.org and Preschooldirector@earthplace.org **

Child Information:

Child's name: _____

Date of birth: ___/___/_____ School: _____

Has your child ever been screened or evaluated privately or by a public school program for the purpose of determining eligibility for special education? ___yes ___no

Does your child have a 504 Plan at school? ___yes ___no

Earthplace Summer Camp:

Earthplace has a long history of including children with special education and special healthcare needs in all of our programs.

At Earthplace, children with special needs are included in all programs. The key to a successful experience is transparent communication with families. During the registration process and prior to your child's summer camp start date, please schedule a meeting with our administration team so that we can plan for a successful camp experience.

Please note: If your child's IEP or 504 plan includes a 1:1 aide, then a 1:1 aide must be provided for the child at the parent's expense.

Parent:

Please add any additional information you feel is relevant regarding your child's needs. (You may use the back of this form or attach additional documentation if needed.)

Earthplace is a 501(c)3 non-profit organization. EIN# 06-0740523

10 Woodside Lane, Westport, CT 06880 | 203.557.4400 | earthplace.org | preschoolinfo@earthplace.org



Permission for Transfer of Information:

For the purposes of facilitating communication regarding my child’s special education or healthcare needs, I hereby give my permission for Earthplace Summer Camp administrators, healthcare consultants, and staff members, to:

Share information with: _____
(Name of Elementary School/Organization/Agency)

OR

I **do not** give my permission for the exchange of information regarding my child’s special education or healthcare needs, between the above listed summer camp program and elementary school, organization, or agency.

Parent Printed Name: _____

Parent Signature: _____ Date: _____