

BIDEFORD RECREATION DEPARTMENT

— INCLUSION REQUEST FORM —



This form helps assist us to provide the best possible experiences for your child while in camp or in one of our recreation programs. Please complete the form and return it to us. **Your signature on this form will provide us with permission to share this information with those who will be working with your child.**

Child's Name:

Date this form was completed :

Grade Fall '23:

Phone number of parent/ guardian:

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Program (s) this child is participating in:

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

Parent's recommendation for us to help your child:

Are there any situations that trigger this concern for your child:

Can you tell us what is typical and/ or atypical behavior from your child:

While your child is attending school, has there been any plan of action designed that is effective? If yes, please share this document with us:

Person (s) to contact when we want to share the joys and concerns of your child- name & phone number:

Signature of parent/guardian: _____