



## 2025 StroudKids Summer Day Camp Outside Services Form

### Camper Information

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

### Outside Services Information

What services does your child require? Please list and explain

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What are the reasons your child requires these services? Please list and explain

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Will services be provided during camp hours?  Yes  No If yes, please list service provider names & contact information

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**\*BHT/BC/Nurse or any other outside agency must be with campers at ALL times while attending camp. If services are unavailable for the camper a phone call home will be made and child must be picked up.**

**Parents cannot replace a BHT/BC/Nurse for the day.**

**\* BHT/BC/Nurse or any other outside agencies are responsible for payment of any field trips, etc.**

**Authorization** I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND WILL NOTIFY SROSRC OF ANY CHANGES

Signature \_\_\_\_\_ Date \_\_\_\_\_