Child Care Action Plan- Social/Behavioral Concern

Child's Photo Here

Please Return form to **B.A.S.E. Camp**
1224 East Elizabeth St., Fort Collins, CO 80524
fax: 970/ 377-9865

Name _____ D.O.B. _____ Age _____ School _____Grade _____

Parent/Guardian _____

Address _____ City/State/ Zip _____

Work Phone (mother) _____ (father) _____ Home Phone _____

Cell Phone (mother) _____ (father) _____

Emergency Contact _____ Relationship _____ Phone _____

Please describe your child's particular social or behavioral needs/concerns and how our staff can best address them to make summer camp a safe and enjoyable experience for everyone:

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