

Camp Vision Parent and Child Information Sheet

Parent/Guardian:

1. Why do you feel your child would be a good fit for Camp Vision?

2. a. Please Sign if you give full permission for your child to participate in all activities while at Camp _____

 b. If you do not give permission, please state why, or what accommodations may be required for your child:

3. (Optional) please explain your child's learning difference:

Child:

1. **Tell us about three topics you want to learn more about-** this can be anything! We're asking for three Independent Learning Experiment options so we can choose which one we are able to accommodate the best and help you with the most. Your I.L.E. will be worked on during your week at camp- you will be creating an object or presentation with the help of our counselors to show off on Friday to family and friends!
 - 1.
 - 2.
 - 3.