Bath Parks & Recreation Department Parent Communication Form

4 Sheridan Road, Bath ME **Phone:** 207-443-8360

The form will be used to assist the Bath Parks and Recreation in providing the best possible experience while participating in our summer camp programs. Please completely fill this form out prior to your child's start in the program. This information will be shared with department employees who will be working with your child.

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Child's Name:	Today's Date:
Program this child is participating in:	
Parent's Name:	Phone Number:
Known behavior or health concern which you want us to be aware of:	
Parent's recommendations for the Bath Parks & Recrea	ation Staff to best help your child:
Are there any situations which might trigger this conce	rn in your child?
While your child is attending school, has there been an	y plan of action designed which has been effective? If
so, please describe here:	
I give permission for the above information to be share	ed with Bath Parks and Recreation staff who will be
working with my child.	-
Parent/Guardian Signature:	Date: