

Summer Camp 2026



Permission to share information Due May 15

We strive to include campers with documented special needs and disabilities in our camp programs. If your child needs extra support to enjoy camp, we may be able to accommodate their needs, but we need *you* to let us know your needs as soon as possible so we can be ready to help when camp starts.

To see if we can accommodate your needs, fill out this form and return it to us through email or dropbox by **May 15**. It gives permission to organizations and people who've worked with your child in a group setting (like school or church) to tell us what they did to support your child so we can create strategies to support them at camp. It's really important you get this form back to us quickly. Make sure it's filled out completely and signed at the bottom.

Please note that we can't accommodate every child. We're only able to support children at camp who are: self-sufficient with hygiene needs, not a safety risk to themselves or others, and able to withstand a noisy gym filled with campers. Also know that we never use a disability label in a negative way.

Questions? Contact our Adapted Recreation Coordinator, Marian Kaslovsky at mkaslovsky@townofchapelhill.org or call her at (919) 968-2813.

Return by dropbox
The dropbox is at the front door of our Administrative Office at:

200 Plant Rd Chapel Hill, NC 27514

Return by email
Send a scan or picture of your form to Marian Kaslovsky at:

mkaslovsky@townofchapelhill.org

Information Release

Please list any & all organizations/people who have worked with your child in a group setting (IE school, church, social worker, teacher, etc).

I, _____ give permission to
(Parent/Guardian or Care Provider's Name)

release information about my child _____
(Child's Name)

to the people and/or organizations below (if an organization, please add the name of a person who worked with your child that we can ask to speak with):

(Name) (Phone Number & Email)

(Name) (Phone Number & Email)

(Name) (Phone Number & Email)

(Name) (Phone Number & Email)

(Name) (Phone Number & Email)

I also give permission to Chapel Hill Parks & Recreation to share certain information of my child with staff and interns, supervised by the Adapted Recreation Coordinator, to develop, implement, and guide my child's inclusion support.

What Can Be Released to Parks & Recreation

- Copy of IEP, 504 Plan, and/or Behavior Plan
- In-school observation by Parks & Recreation Staff
- Conversation and/or emails with Parks & Recreation Staff

What diagnosis/difficulty does your child have that creates the need for extra support?

SIGN HERE

Parent/Guardian signature

Relationship to child _____
Date

Share guardianship with an agency? Fill this out.

Agency name: _____
Agency phone: _____

Explain the arrangement with the agency:

Agency Representative
Print Name: _____
Signature: _____