

Parent/Guardian CONTACT INFORMATION [Authorized to Pick-Up]

1) **Father's Name:** _____

Address: _____
House Number Street Town Zip

Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Home Phone #: (_____) _____

2) **Mother's Name:** _____

Address: _____
House Number Street Town Zip

Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Home Phone #: (_____) _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

[other than the Parents/Guardians as listed above]

Please fill in the names and phone numbers of those individuals who are allowed to pick up your child. Only those people listed will be able to pick up your child from Day Camp. If changes or additions need to be made, please do so in person at the Main Office window.

Thank you for your cooperation in making Day Camp a secure and safe environment for your child.

1) Name: _____

2) Name: _____

Relationship to Child: _____

Relationship to Child: _____

Work #: (_____) _____

Work #: (_____) _____

Cell #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

Home #: (_____) _____

3) Name: _____

4) Name: _____

Relationship to Child: _____

Relationship to Child: _____

Work #: (_____) _____

Work #: (_____) _____

Cell #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

Home #: (_____) _____