

AUTHORIZED DAY CAMP PICK UP LIST

LISTED ARE AUTHORIZED PEOPLE FOR PICK UP. PARENTS MUST BE LISTED IF AUTHORIZED.

PARENT: _____ **ADDRESS:** _____

PHONE: _____ **CELL:** _____ **WK:** _____

PARENT: _____ **ADDRESS:** _____

PHONE: _____ **CELL:** _____ **WK:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

NAME: _____ **ADDRESS:** _____

PHONE: _____ **RELATION TO FAMILY:** _____

**IF THERE ARE ISSUES WITH CUSTODY, PLEASE INFORM US OF THIS BEFORE CAMP BEGINS.
THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**