



CHANGE OF PICK-UP/EARLY PICK-UP

I, _____, give permission
Print Parent/Guardian Full Name

for my child/ward, _____, to be
Print Child's Full Name

Please check ONE:

_____ picked up by, _____.
Print Authorized Adult's Name

OR

_____ picked up early from camp on _____ at _____
Date Time
by _____.
Print Authorized Adult's Name

Camp in which child is registered

Camp time (AM, PM, or Full Day)

NOTE: Authorized Adult that is not a parent or guardian will have to show Government Issued Identification before the child/ward will be released to them.

Parent/Guardian Signature

Date

Please return this form to the Administration Table in the Gym **BEFORE** your child is scheduled to be picked-up. Campers will be brought to Workforce, Business & Community Education office, Rm. K117. Please do not come to the classroom.