



## 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.*

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*Parent/Guardian Signature*

*Date*

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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.