



CHANGE OF PICK-UP/EARLY PICK-UP

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

for my child, _____, 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 or PM)

Parent 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 Continuing Education and Training office A*115. Please do not come to the classroom.