



Camper Pick-Up

RELEASE FORM

Dear Parents, totem pole

Please be advised that your child/ren WILL NOT be allowed to be picked up from our campus unless this form is signed and returned to the Lubavitch Day Camp Office.

Thank you,

Sarah Dyman,
LDC Coordinator.

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### CAMPER(S) INFORMATION

| Name(s) | Age | Gender ( circle one) |   | Camp Session ( circle one) |      |      |
|---------|-----|----------------------|---|----------------------------|------|------|
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |

Parent(s) / Guardian(s) Name: \_\_\_\_\_

### DAYS OF WEEK THAT MY CHILD/REN WILL BE PICKED UP & DROPPED OFF TO/ FROM CAMP

(Please check the boxes that apply to you)

|    | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----|--------|---------|-----------|----------|--------|
| AM |        |         |           |          |        |
| PM |        |         |           |          |        |

### CONTACT INFORMATION OF THOSE WITH PERMISSION TO PICK UP MY CHILD/REN

|   | NAME | DAY-TIME NUMBER | REALATION TO CHILD |
|---|------|-----------------|--------------------|
| 1 |      |                 |                    |
| 2 |      |                 |                    |
| 3 |      |                 |                    |

### RELEASE

I give the person/s specified above permission to pick up my child/ren from Lubavitch Day Camp for the duration of the Camp Session circled above - unless otherwise notified.

I UNDERSTAND THAT THE PERSON/S SPECIFIED ABOVE MUST SIGN MY CHILD/REN OUT BEFORE MY CHILD/REN WILL BE DISMISSED FROM THE LUBAVITCH DAY CAMP CAMPUS.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date: (MM/DD/YYYY)