PICK-UP INFO

Please Note: We can not release any child at the end of his/her day to anyone other than a parent unless we have a signed note from you giving us permission to send him/her home with that person. (This included grandparents etc. or riding a bike home alone.) If we do not have that person's name on record we will call you to gain authorization by phone. If you cannot be reached we will call the emergency contact number that you gave us upon registering to come pick up that child.

Child Name:	·
Class:	
Parent Name:	
Signature:	
List authorized people below: (please p	orint)
**********	**********
ICE CREAM If parents elect for their child to have ice cream below and the child will be placed on a list and All the ice cream is Nut Free and there is a	a after their camp day, they can sign up will have their choice of the five types.
The cost is \$10/week. We will charge it to your or a check in the office. We cannot take any mo	
A child does NOT have to be in After Camp to give a child ice cream if you haven't given perm you for your permission during the time we ar forgotten to sign up, just call us. We ask that yo	nission by signing up. We cannot call e giving out ice cream. If you have
Child's Name:	
Card #	We can only do a weekly sign up.
Amount:	we can only do a weekly sight up.
Exp Date: Billing Zip code	
Dining Zip code	

FOR THE WEEK OF _

@ \$10/wk

EXTENDED DAY SIGN UP

We must have this form each week. Cost is \$8 per hour (\$4/half hour). Extended day begins at 7:30 am and ends at 5:30 pm.

If you need to add hours or subtract hours you may do that in person in the office or by phone...NOT with the counselor in the Water Lab .

We will bill your credit card weekly (unless you want to pay by check in advance for the week). If you have made any changes, let us know in the office before Friday when we charge your card. We must have your card on record to sign your child into extended day. If you have already paid for extended hours, this will just verify the times and you will be billed or credited accordingly.

will be billed or credited ac	cordingly.						
Child's Name:		Class:					
Card #			_				
Amount:							
Exp Date:	xp Date: Billing Zip code						
FOR THE WEEK OF Check a box with the # of hours you want to extend each day.							
MON	TUE	WED	THU	FRI			

A N A	.5 hr				
AM	ı hr				
7:30 am earliest	1.5 hr				
beforecare	2 hr				