

Authorized Pick-Up Form

The following people are authorized to pick-up _____
(child's name)

From Kaleidoscope Creative Arts and Science Program.

(Please circle day of the week or all days)

1.Name	Relationship
Phone #	M T W Th F All
2.Name	Relationship
Phone #	M T W Th F All
3.Name	Relationship
Phone #	M T W Th F All

Is there anyone *not* permitted to pick-up your child?

I understand that any additional names must be given to the camp office in writing before 9am on that particular day. We thank you for your cooperation and understanding.

Signature: _____

Date: _____