



NEW TOWN DAY CAMP

DISMISSAL INFORMATION FORM SUMMER 2019

My child _____ may be released from camp **ONLY** to the following people:

Please include parents' names and be sure to list all people who may pick-up your child:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____ Relationship to child: _____

Signature _____ Date _____

Parents will inform New Town Day Camp at the 14th Street Y of The Educational Alliance in writing of any changes in family, address, telephone numbers, and emergency contact information.

IMPORTANT: NO CHILD WILL BE DISMISSED TO ANY PERSON OTHER THAN THOSE LISTED ABOVE, UNLESS WE RECEIVE WRITTEN PERMISSION FROM PARENTS.

