

NEW TOWN DAY CAMP

EMERGENCY INFORMATION FORM SUMMER 2019

(Please complete both sides)

Child's Full Name	e:				DOB://
Llana Addasa	e: Last		First		
Home Address: _	No.	Street	City	State	Zip
Parent's Name: _			Hom	e #:	
Work #:			other #:		
Parent's Name:			Home #:		
Name(s) of legal PERSONS TO C				one Number _	
Name		F	Relationship to child		Phone Number
					sion to the staff at The eatment for my child.
Name of person	completing	g form:		Relationship	to child:
Signature				Date	
				* * * *	> > > > > >



DISMISSAL INFORMATION FORM SUMMER 2019

My child people:	may be released fro	may be released from camp ONLY to the following			
Please include paren	nts' names and be sure to list all people who	o may pick-up your child:			
Name	Relationship to child	Phone Number			
Name:	Relationship to c	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.



