



(717) 755-0123 (option 8) · www.KidzCampYork.com

AUTHORIZED PICK-UP FORM

CHILD'S NAME: _____ DATE: _____

CHOOSE ONE:

____ My child will be picked up each day by myself.

____ My child will be picked up each day by one of the following people listed below.

Name of Persons Authorized to Drop Off and Pick Up Child		
NO ONE WILL BE ALLOWED TO SIGN A CHILD IN OR OUT OR TAKE HIM/HER OFF THE PREMISES WITHOUT PERMISSION!		
NAME	PHONE NUMBER	RELATIONSHIP

Camp ends every day at 6:00 pm promptly. All campers should be picked up by this time. After a five-minute grace period, you will be charged a late fee of \$1 per minute for every minute you are late. It is imperative if realize you will be late or encounter an emergency, to call us at 717.755.0123 x 0.

If we have not heard from you and more than 15 minutes have passed since the conclusion of our program, we will call you and other persons on your authorization list to make alternative arrangements for your child's return home. In the event no one is reached, we will contact York County Children and Youth and let them know we are unable to contact the parents.

PARENT/GUARDIAN NAME (Please Print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____