



DROP OFF / PICK UP CONSENT FORM

WEEK #2

One form per camper

Camper Name: _____ Camp Name: **ICE DREAMS WINTER BREAK CAMP 2024**

	Name of person dropping off your camper (print name)	Does your camper require Before Care?	Name of person picking up your camper (print name)	Does your camper require After Care?	Please sign below, EACH DAY, before picking up your camper
Tuesday, Jan. 2, 2024			<u>Name:</u> <u>Tel.#</u>		
Wednesday, Jan. 3, 2024			<u>Name:</u> <u>Tel.#</u>		
Thursday, Jan. 4, 2024			<u>Name:</u> <u>Tel.#</u>		
Friday, Jan. 5, 2024			<u>Name:</u> <u>Tel.#</u>		

- By signing below, I understand my child will only be released to the individual listed on the Camp Drop Off & Pick Up Consent Form for that specific day. If another individual who is not on the Drop Off & Pick Up Consent Form is responsible for picking up my child, I will send an email confirming this. I understand identification may be required if the individual picking up my child is not the parent and/or guardian.

Signature of parent/guardian: _____ Date: _____

Name of parent/guardian: _____