

Authorization to Release Form
Greenwich, and New York City
Barton Day Camp Summer 2010

Camper's Name: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child is attending:

◇ The Rainbow Club - Greenwich, CT

 ◇ I will be on camp for the whole week

 ◇ I will be on camp the following days _____

 ◇ I will not be on camp

◇ Mt. Sinai Diabetes Camp for Children/Barton Day Camp - New York City

Please list the names and relationship of three people **other than yourself** who may pick your child up from camp if you are unable to. In addition, please let us know if your child is familiar with the person listed. **A picture ID is required for camper's release to all.**

Name:	Relationship:	Known by child:
_____		Yes/No
_____		Yes/No
_____		Yes/No

Please list **ANY** person who may try to pick up your child from Barton Day Camp without your authorization. Should an unauthorized person attempt to pick up your child, a telephone call will be made from the Barton Day Camp Staff immediately to the parent/guardian. **The child will not be released from staff without parent/guardian written permission.**

**** Reminder for 2010 – This form must be returned for every child attending camp.**

Day Camp Transportation and Authorization to Release Form
Boston, Worcester, and Long Island Day Camps
Barton Day Camp Summer 2010

Camper's Name: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

All transportation pick-ups and drop-offs will be from a centralized location.

◇ I will provide transportation for my child to and from Barton Day Camp.

◇ I will need transportation to and from Barton Day Camp for my child.

◇ I have enclosed my fee of: _____.

My child is attending:

◇ Barton Day Camp - Boston, Mass College of Pharmacy (MBTA ONLY)

◇ Barton Day Camp - Worcester, Clara Barton Camp, North Oxford

◇ Barton Day Camp - Long Island, Buckley Country Day, Roslyn

Please list the names and relationship of three people **other than yourself** who may pick your child up from camp if you are unable to. In addition, please let us know if your child is familiar with the person listed. **A picture ID is required for camper's release to all.**

Name:	Relationship:	Known by child:
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Please list **ANY** person who may try to pick up your child from Barton Day Camp without your authorization. Should an unauthorized person attempt to pick up your child, a telephone call will be made from the Barton Day Camp Staff immediately to the parent/guardian. **The child will not be released from staff without parent/guardian written permission.**

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