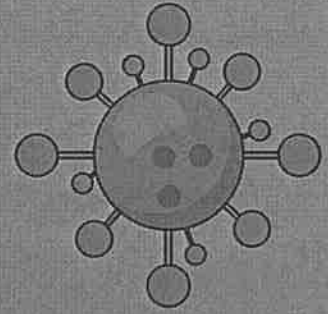


# Our Lady of Lourdes Summer Camp 985.643.3230

## FREE BREAKFAST & LUNCH

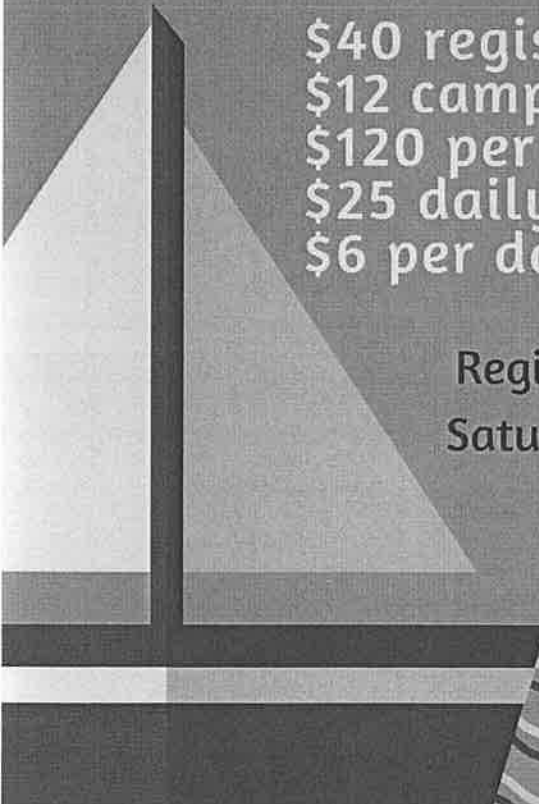
Tuesday, May 28-Friday, Aug. 2  
Closed on July 4th and 5th  
Monday - Friday 9am-3pm  
Before care 7am-9am (free)



### NEW WEEKLY THEMES:

Boat & Ships week, Science & Technology week,  
Arts & crafts week, Sports week, Animals & Nature week,  
First Responders week, Vacation Bible School etc.

Daily Activities include: Swimming, bowling, skating, karate,  
rock climbing, soda shop, talent show, etc.



\$40 registration fee per family  
\$12 camp shirt (required)  
\$120 per week (multi-child discount)  
\$25 daily drop in rate (registration required)  
\$6 per day for aftercare (3:30-6pm)

Registration will be held on Saturday April 13 And  
Saturday, May 18 from 10am - 1pm in the cafeteria  
or anytime in the school office.

AGES 4 -12



## Our Lady of Lourdes Summer Camp Information Sheet

### Key Dates

Registration forms will be available online at [www.olloinline.com/news/summer-camp-2019-forms](http://www.olloinline.com/news/summer-camp-2019-forms) beginning April 2019. On-site registration will be held at Our Lady of Lourdes School on Saturday, April 13, 2019 and Saturday, May 18, 2019 from 10:00am – 1:00pm in the Cafeteria.

### Camp Hours of Operation

Morning Care will be available from 7:00am - 9:00am (FREE). Camper activities will be from 9:00am to 3:00pm, Monday - Friday except where indicated\*. Dismissal/carlina will be from 3:00pm – 3:30pm. Afternoon Care will be from 3:30pm - 5:30pm for a cost of \$6.00 per camper per day.

### Cost to Attend

- \$40.00 non-refundable family registration fee
- \$12.00 camp t-shirt fee per camper (required daily)
- \$120.00 per week per first child, discount offered for multiple siblings (\$230.00 for two children, \$330.00 for three children, and \$420.00 for four children). \*\*\* Adjusted weekly rate for 1-3 July due to holiday observance \*\*\*
- \$25.00 daily drop-in rate (registration fee is required)
- TBD cost for breakfast and lunch services due to change ins state regulations – awaiting guidance from the Archdiocesan School Food and Nutrition Services

### Weekly/Cumulative Fee Schedule

Campers	Week 1 5/28-31	Week 2 6/3-7	Week 3 6/10-14	Week 4 6/17-21	Week 5 6/24-28	Week 6 Jul 1-3*	Week 7 7/8-12	Week 8 7/15-19	Week 9 7/22-26	Week 10 7/29-8/2
1	\$120	\$240	\$360	\$480	\$555	\$675	\$795	\$915	\$1,035	\$1,155
2	\$230	\$360	\$690	\$920	\$1,065	\$1,295	\$1,525	\$1,755	\$1,875	\$1,995
3	\$330	\$660	\$990	\$1,320	\$1,530	\$1,860	\$2,190	\$2,520	\$2,850	\$3,180
4	\$420	\$840	\$1,260	\$1,680	\$1,950	\$2,370	\$2,790	\$3,210	\$3,630	\$4,050

\* NOTE: **Week 6 is a 3-day week due to the 4<sup>th</sup> of July Holiday.** Vacation Bible School will be held this week and rates have been adjusted accordingly (\$75 first child, \$70 for second child, \$65 for third child and \$60 for fourth child).

### Weekly Themes (Exact Order TBD)

Sports I

First Responders

Boats & Ships

Arts & Crafts

Science & Technology

## Our Lady of Lourdes Summer Camp Information Sheet

Vacation Bible School

Animals & Nature

Superheroes

Sports II

### Field Trips and Outings

Swimming at Lakeside Pool

Gymnastics Plus

Old Town Soda Shop

Heritage Park

Altitude Trampoline Park

Chuck E. Cheese

Skater's Paradise (3rd-7th Only)

Grand Theater

Slidell Rocks - Rock Climbing (3rd – 7th Only)

Pearl River Splash Pad

Friendship Park (Picayune, MS)

Pine Tree Lanes Bowling (Picayune, MS)

Insta-Gator Ranch and Hatchery

Lake Pontchartrain Basin Maritime Museum

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Camp Salmen Nature Park

Fontainebleau State Park

U.S. Fish and Wildlife Service Bayou Lacombe Visitor Center

Slidell Museum

....and many more



# Our Lady of Lourdes Summer Day Camp 2019 Registration

**985-643-3230**

Camper's Last Name:

**(A \$40 PER FAMILY NON-REFUNDABLE REGISTRATION FEE  
MUST ACCOMPANY EACH REGISTRATION FORM)**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My child/children are under the custodial care of:  Both Parents  Mother Only  Father Only  Other (please specify): \_\_\_\_\_

**CAMPERS MUST HAVE WRITTEN PERMISSION FROM A PARENT OR GUARDIAN TO LEAVE CAMP WITH AN INDIVIDUAL OTHER THAN THE CUSTODIAN.**

In case of emergency, if parents cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Camper Information:

Carpool:  Yes  No  
 Walk/Bike:  Yes  No

Before Care:  Yes  No  
 After Care:  Yes  No

**1<sup>st</sup> Camper:** \_\_\_\_\_ last grade level completed: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_  
Last First

T-Shirt Size Needed: \_\_\_\_\_ Qty: \_\_\_\_\_ @ \$12 each =Total Cost: \_\_\_\_\_ Date Shirt Rec'd: \_\_\_\_\_

Indicate Weeks Attending: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> All 10

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about: \_\_\_\_\_

Camper will be bringing medication to camp:  Yes  No If Yes, Name of Medication: \_\_\_\_\_

**2<sup>nd</sup> Camper:** \_\_\_\_\_ last grade level completed: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_  
Last First

T-Shirt Size Needed: \_\_\_\_\_ Qty: \_\_\_\_\_ @ \$12 each =Total Cost: \_\_\_\_\_ Date Shirt Rec'd: \_\_\_\_\_

Indicate Weeks Attending: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> All 10

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about: \_\_\_\_\_

Camper will be bringing medication to camp:  Yes  No If Yes, Name of Medication: \_\_\_\_\_

3<sup>rd</sup> Camper: \_\_\_\_\_ last grade level completed: \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex: \_\_\_\_\_

T-Shirt Size Needed: \_\_\_\_\_ Qty: \_\_\_\_\_ @ \$12 each = Total Cost: \_\_\_\_\_ Date Shirt Rec'd: \_\_\_\_\_

Indicate Weeks Attending: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  All 10

Prohibited Activities: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp:  Yes  No If Yes, Name of Medication: \_\_\_\_\_

### Medical Information/Consent

#### Medications

I understand that all medication sent from home must be labeled with my child/children's name(s) with specific instructions as to the time, frequency, and amount of medication to be administered. Furthermore, I understand that all medication must be left in the camp office with the camp secretary or director. Camp administrators have my permission to dispense above listed medications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parental Consent

I hereby give permission for my child/children, \_\_\_\_\_, to participate in the Our Lady of Lourdes Summer Camp, including all on-campus and off-campus activities, and field trips. I further understand the participants officially enrolled in the camp will be insured by a commercial carrier contracted by Our Lady of Lourdes.

My child/children has had a physical examination within the past 24 months and is in good health. In the event of illness or injury of my child/children while under the supervision of the Our Lady of Lourdes Summer Camp, I hereby authorize Our Lady of Lourdes Summer Camp to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. If injured during camp activities, I will allow my child/children to be taken to the hospital for care. In connection with my authorization, I agree that my family health insurance will provide primary coverage for such medical treatment and services and that the insurer of the Our Lady of Lourdes Summer Camp provides secondary coverage.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medical Insurance Coverage

Name of Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Provider's Address: \_\_\_\_\_ Provider Phone#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

#### Photo Release

I grant permission for Our Lady of Lourdes Summer Camp to photograph or film my child/children's name, image, likeness, spoken words, student work, and performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by Our Lady of Lourdes. I waive any claim for compensation of any kind for the School's use or publication of the Works of my child/children.

I hereby release, discharge, and agree to hold harmless Our Lady of Lourdes and those acting under its authority from any liability to the extent provided by the law, for use or publication of the Works described above.

By signing below, I agree to the terms stated above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Total # Campers \_\_\_\_\_

Total # Weeks: \_\_\_\_\_

Total Amt. Due: \_\_\_\_\_

## Summer Camp

Dear Parents and Students,

Welcome to the 2019 Summer Camp for Our Lady of Lourdes!

### Shoes

This is just a friendly reminder that we like to keep our campers' toes safe. Please refrain from wearing open toed shoes to camp. Please pack flip flops and open toed sandals for scheduled water days only. Camp shoes are to be closed (tennis shoes, closed sandals, etc.).  
\_\_\_\_\_ initial

### Electronic Devices

Please do not send toys or electronic devices i.e., cell phones, game devices, etc., with your child to camp. There will be no distributions of cash to replace damaged, personal items. \_\_\_\_\_ initial

### Payments

Please pay all funds (tuition, shirt, snacks, and after care) on Mondays for the following week. All funds have to be collected by Friday, August 2, 2019, before camp ends. All NSF checks will be charged a \$15 processing fee. \_\_\_\_\_ initial

### One Day Drop-in rate/Transferring Days Paid in Advance

The camp charges a \$40 registration fee per family, a \$12 shirt fee, and a \$25 per day drop-in fee. Once fees have been paid, we can transfer funds from one account to another or change days; however, in order to not create an accounting issue, refunds will not be issued but they may be evaluated on a case-by-case basis. This goes for drop-ins as well as weekly fees. \_\_\_\_\_ initial

### 4<sup>th</sup> of July Holiday

Camp will be closed on Thursday July 4, 2019 and Friday July 5, 2019 in observance of the federal holiday. There are no refunds for this day since the drop-in rate is \$25 per day for camper. \_\_\_\_\_ initial

### Snacks

We will be selling snacks in the afternoons, between 2 p.m. and 2:45 p.m., during camp. If you would like to open a snack account, please circle yes and how much money you would like to put into the account.

We keep track of how much per day/per week you are willing to allow your child to buy. If you circle that you do want your child to purchase snacks, please anticipate that there will be a charge added to your account. Please pay your account weekly, if you circle that you do not want your child to purchase snacks, we will not sell snacks to your child nor add fees to your account. If you have no limit on the amount of snacks, please pay your account when you pay your tuition for the week or by the following Monday. If you have a limit, please let us know how much per day or week the child is allowed. If you have no limit, please circle NO LIMIT so that they can buy as many snacks as they would like.

I would like to open a snack account: YES OR NO

First deposit: \$ \_\_\_\_\_

No more than \$ \_\_\_\_\_ per **day** or **week** allowed

Or NO LIMIT

---

Name of Child

**X**

---

Signature

Thank you so much for trusting the staff of Our Lady of Lourdes Summer Camp with your children! We are looking forward to a fun and successful camp in 2019!

## SCHOOL MEAL MODIFICATION FORM

**We do NOT have allergy free kitchens for food prep. Cross-contamination IS a Risk.**

Please send COMPLETED Form to Archdiocese of New Orleans SFNS.

Fax: 504-596-3459 Mail: 1000 Howard Ave., Ste. 300, New Orleans 70113 Inquiries: 504-596-3434

### Section A: Completion required to prevent delayed processing.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone OR Email: \_\_\_\_\_

### Section B: Completion by MEDICAL AUTHORITY required.

IS THIS STUDENT'S MEDICAL CONDITION A DISABILITY? \_\_\_\_\_ Yes OR \_\_\_\_\_ No

**Food Allergies, Intolerances, and Dietary Needs (please mark ALL that apply):**

**MILK:** \_\_\_ Beverage\* OR \_\_\_ ALL Dairy\* OR \_\_\_ ALL foods\* - "May Contain Milk"

**\*SUBSTITUTE FOR BEVERAGE MILK (Please circle): Juice or Water**

**PEANUTS/NUTS:** \_\_\_\_\_ ALL foods - "May Contain/Manufactured Nuts/Peanuts"

**SHELLFISH:** \_\_\_\_\_ ALL foods - "May Contain Shellfish"

**FISH:** \_\_\_\_\_ ALL foods - "May Contain Fish"

**WHEAT:** \_\_\_\_\_ Whole wheat only OR \_\_\_ ALL foods - "May Contain Wheat"

**EGGS:** \_\_\_\_\_ Pure form only (egg white/egg yolk) OR \_\_\_\_\_ ALL foods - "May Contain Egg"

**SOY:** \_\_\_\_\_ Pure form only OR \_\_\_\_\_ ALL foods - "May Contain Soy"

**CORN:** \_\_\_\_\_ Pure form only (Whole Kernel) OR \_\_\_\_\_ ALL foods - "May Contain Corn"

**OTHER ALLERGEN:** \_\_\_\_\_

**OTHER SPECIFIC DIETARY NEED:** \_\_\_\_\_

**OTHER SPECIFIC OMISSION** \_\_\_\_\_

**SPECIFIC SUBSTITUTION NEEDED** \_\_\_\_\_

I certify that the above named student has special dietary needs as described above due to the student's medical condition.

Medical Authority Name (print) \_\_\_\_\_

Medical Authority Telephone Number: \_\_\_\_\_

Medical Authority Signature and Date: \_\_\_\_\_



**Our Lady of Lourdes Summer Camp**

3924 Berkley Street, Slidell, LA 70458

985-643-3230 FAX-985-645-0648

**PARENTAL REQUEST FOR ADMINISTERING MEDICATION  
AND RELEASE FROM LIABILITY**

CAMPER NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

- > I hereby give permission to give the following medication prescribed by a physician. (physician signature is required) YES \_\_\_\_\_ NO \_\_\_\_\_
- > I have administered the initial dose ordered at home and have allowed sufficient time for observation of adverse reactions before asking the camp to administer the medication. YES \_\_\_\_\_ NO \_\_\_\_\_
- > My child has permission to carry and self-administer his/her inhaler/emergency medication if ordered by the prescriber. YES \_\_\_\_\_ NO \_\_\_\_\_
- > Do you assume responsibility for your child's actions in his/her self-management of medication? YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission to the camp to share with appropriate personnel information (such as adverse side effects) relative to the prescribed medication administration as the camp determines necessary for my son/daughter's health and safety.

YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN, DENTIST OR OTHER AUTHORIZED PRESCRIBER**

This medication will be administered by unlicensed, trained, camp personnel. Please make the following orders clear enough for them to understand.

DIAGNOSIS \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

DISCONTINUE DATE \_\_\_\_\_ DOSAGE TIME \_\_\_\_\_

Possible side effects/contradictions/adverse reactions: \_\_\_\_\_

Please list other medications being taken by this camper: \_\_\_\_\_

Allergies \_\_\_\_\_

**NOTICE: USE THIS SECTION ONLY FOR A CAMPER WHO WILL SELF-ADMINISTER HIS/HER OWN MEDICATION, SUCH AS INHALER, EPI PEN OR OTHER EMERGENCY MEDICATION.**

Has this camper been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer at camp provided the staff has determined it is safe and appropriate for this camper in the particular camp setting?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you give authorization for this camper to carry his/her own medication, if it is requested by the parent and the camp staff has determined it safe and appropriate? YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIAN'S NAME (PLEASE PRINT) \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_



# Summer Camp

Dear Parents and Students,

Summer Camp is a fun place to be! With that said, we take our campers on field trips almost daily, depending on weather conditions. One main field trip is Lakeside Pool, approximately six blocks away from Our Lady of Lourdes (OLL). Everyone will be allowed to change at OLL if they have packed their swimwear. Please check the calendar to verify the water activity schedule for the week. When the fire truck, Heritage Park, Friendship Park, and Pearl River Splash Pad is on the calendar, please include it as a water day. Please remember to pack flip flops and open toed sandals for water activities. All campers are required to wear closed in shoes to camp.

Lakeside Pool has a policy that **no child** under six (6) years of age is allowed to go into the large pool. All three-five year olds will be swimming in the baby pool. If your child is six and over, wants to take the test, and passes it, they will be allowed to swim in the large pool.

Please sign this form with your acknowledgement of our field trips. If you check "NO" for a particular field trip, please know that they will have to call home for someone to pick them up. We cannot leave a child behind when the rest of the camp is on a field trip. Field trips are subject to change.

	YES	NO
Gymnastics Plus	_____	_____
Old Town Soda Shop	_____	_____
Heritage Park	_____	_____
Lakeside Pool	_____	_____
Altitude Trampoline park	_____	_____
Chuck E Cheese	_____	_____
Pearl River Splash Pad	_____	_____
Skater's Paradise (3 <sup>rd</sup> -7 <sup>th</sup> Only)	_____	_____
Slidell Museum	_____	_____
Friendship Park (Picayune, MS)	_____	_____
Grand Theater	_____	_____
McDonald's Playhouse	_____	_____
Pine Tree Lanes Bowling (Picayune, MS)	_____	_____
Roux 41 and Fun Zone Jump House	_____	_____
Skate Station (Carriere, MS) 3 <sup>rd</sup> -7 <sup>th</sup> Only)	_____	_____
Slidell Rock Climbing (3 <sup>rd</sup> - 7 <sup>th</sup> Only)	_____	_____
Chick Fil-A (Pre-K-2 <sup>nd</sup> Only)	_____	_____
Downtown Slidell Tour	_____	_____
Insta-Gator Ranch and Hatchery	_____	_____
U.S. Fish and Wildlife Service Bayou Lacombe	_____	_____
Fontainebleau State Park	_____	_____
Camp Salmen Nature Park	_____	_____

**Movies**  
 DVD's and videos are used during Summer Camp on Friday afternoons, rainy days, and fill-in times between field trips. We are only allowed to show G rated movies without permission from the parent/guardian before viewing. We would like to request permission from you for your child to view PG rated movies, since most of the movies out for viewing has a rating greater than G.

\_\_\_\_\_ Yes, my child has permission to view PG rated movies.

\_\_\_\_\_ No, my child does not have permission to view PG rated movies.

\_\_\_\_\_  
 Name of Child

**X**  
 \_\_\_\_\_  
 Signature

### ***Drop Off***

Please sign your child in everyday that they are attend summer camp.

### ***Breakfast & Lunch***

Breakfast is at 9:00 a.m. and is free. Lunch is at 11:45 a.m. and is free. You may pack your child's breakfast and/or lunch and not take advantage of the free food, if there are choice issues. You may also pack your child's snacks if you do not want to purchase them at the camp. No sodas, per the cafeteria guidelines.

### ***Before Care***

Before care is from 7 a.m. – 9 a.m., free. Students will be allowed to transport their bags during this time between the cafeteria and gym, via counselor. Three-five year olds will keep their bags on the stage. First-seventh grade will have their bags in the gym, under the appropriate sign.

### ***After Care Pick-up***

Please be sure to have an ID when picking up your child from after care, especially if it is an emergency contact. The charge is \$6 per child, per day, after 3:30 p.m. If your child is going to aftercare, they will stay in the cafeteria/gym until they are picked up. They will not have to sit outside with carline campers.

### ***Signs in Vehicles in Carline***

Carline is from 2:45 p.m. – 3:20 p.m. All carline campers will sit in the bleachers outside between the middle school building and the cafeteria, weather permitting. If it is raining, campers will stay in the cafeteria/gym. We will enforce for all campers that are being picked up in carline to have a sign placed on the passenger's side of the dashboard. Carline pick-up starts outside by the bleachers, past the cafeteria, and down Westchester.

### ***Names on All Items***

Please be sure to write your child's name on all items, (Examples: camp shirt, sunscreen (Quick Stik for young campers is best), towels, and any miscellaneous items). The counselors do their best to make sure that all items are returned to the appropriate camper's bags.

We are looking forward to a great summer!

## Our Lady of Lourdes Summer Camp Release Form

\_\_\_\_\_  
(1) Child's Name

\_\_\_\_\_  
(2) Child's Name

\_\_\_\_\_  
(3) Child's Name

\_\_\_\_\_  
(4) Child's Name

Phone #: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_.

The following people have permission to pick up my child/children.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I understand that only the people listed on this form will be allowed to pick up my child.

**Please bring ID to pick up child/children.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date