

OPTIONAL FORM - MAY BE DROPPED OFF AT ANY TIME DURING CAMP
DROP-OFF/PICK-UP AUTHORIZATION FORM
FALL 2019 & WINTER/SPRING 2020 - CAMP S.T.A.R.

Child's Name: _____
First Name, Last Name

Individuals listed below were not listed on my child's "Camper Information Form" but have my permission to drop-off or pick-up my child to/from the Camp S.T.A.R. program.

NAME (PLEASE PRINT CLEARLY)	PHONE NUMBER	DRIVER'S LICENSE NUMBER

Parent/Guardian - Print Name Parent/Guardian - Signature Date

OPTIONAL FORM - MAY BE DROPPED OFF AT ANY TIME DURING CAMP
CAMPER SIGN-IN/SIGN-OUT AUTHORIZATION FORM
FALL 2019 & WINTER/SPRING 2020 - CAMP S.T.A.R.

My child, _____, has my permission to sign him/herself
First Name & Last Name

in and out of the Camp S.T.A.R. program each day. My child's arrival time to camp will be _____ A.M. My child will leave camp at _____ P.M.
Time (A.M.) Time (P.M.)

Parent/Guardian - Print Name Parent/Guardian - Signature Date

