

Authorization to Release/Transportation Form

Barton Day Camp Summer 2017

(This form must be filled out for every camper even if not requesting transportation.)

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 parent program the whole week.

 ◇ I will be on camp the following parent program days: _____

 ◇ I will not be on camp.

◇ Worcester Day Camp - North Oxford, MA

◇ Danvers Day Camp - Danvers, MA

◇ Long Island Day Camp—Week 1 - Old Westbury, NY

◇ Long Island Day Camp—Week 2 - Old Westbury, NY

Transportation: Available for Worcester and Long Island Camps. Transportation will be from centralized pick up and drop off locations.

◇ 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. (Please fill out back of this form.)

◇ I have enclosed my fee of \$125.00

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:	Contact Number:	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.**

Parent/Guardian Signature: _____ Date: _____

Transportation Options

Worcester: (Please circle your choice)

25 Research Drive Westborough, MA

Comfort Inn (Solomon Pond Mall)

Barbers Crossing Sterling, exit 6 off Route 190

Vernon Medical Center

Long Island Day Camp: (Please circle your choice)

Key Foods, 399 Ocean Avenue, Rockville Centre

Sunrise Mall, Massapequa, Wal-Mart

An email will be sent to you at the address you indicate below as a confirmation of your transportation choice. Included in this email will be a contact number for the staff member traveling with your camper and times for am and pm pick up and drop off.

Email address to send confirmation to: _____