



# Ashland Summer Day Camp Child Pick Up List



Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

The names listed below are the only individuals that are allowed to pick up my child /children from the Ashland Summer Day Camp. I do understand that in order to take custody of the child /children, they must show proper ID to be signed out. **An additional charge of \$1.00 per minute will be charged after 4:30.**

### These people are allowed to sign out my child/children. (Include Parent/Guardians)

1.Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_

3.Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_

4.Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_

5.Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_

Are there any person(s) who are not allowed to pick up your child/children?

(Circle one) Yes or No

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Ashland Summer Day Camp PO Box 517, Ashland, NH 03217

[recreation@ashland.nh.gov](mailto:recreation@ashland.nh.gov)