



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 _____

2.Name: _____ Relation to Child _____

3.Name: _____ Relation to Child _____

4.Name: _____ Relation to Child _____

5.Name: _____ Relation to Child _____

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)

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