

Bloomfield Leisure Services Department
Camper Information Sheet & Authorizations Pick-up Form

Child's Name _____

Parent/Guardian Name: _____

Parent's Business Address and Phone Number:

Please check appropriate information. My child is presently enrolled in:

Lil-REC-ers Rebel Rec'ers

Please check appropriate information: My child will be coming to camp from:

Home Sunrise/Sunset Other (please specify) _____

Please check appropriate information. After Camp, my child will be:

Picked up by parent or approved individual(s) (listed below) Going home on his/her own by foot/bike

Other (please specify) _____ Sunrise/Sunset

The following individuals are approved to pick up my son/daughter from camp: (include all potential pickup people including siblings) ***PHONE NUMBERS MUST BE VALID AND CURRENT.***

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent Signature

Date

Please note: Camper Information/Pickup Authorization Form and Medical Form must be returned to the Leisure Services office by the Friday before the start of camp.