

Seton Day Camp

CAMPER CHECK-OUT INFORMATION

Please complete the following information to be used at check-out. Please provide the names and information for anyone who may pick up your child (including car pool drivers). Campers will be released to the people listed on this form. The individuals may be asked to provide identification at check-out. If it is necessary for someone else to pick-up your child, please send a note or call the camp directly at 203-869-6633. We ask for your cooperation and patience with this procedure since its purpose is to increase your child's safety.

Camper's Name _____ Home Phone # _____

Mother's Name _____ Cell/Work Number _____

Father's Name _____ Cell/Work Number _____

Emergency Contact Name and # _____

IMPORTANT! THE WEEK(S) YOUR CHILD IS GOING TO CAMP MUST BE FILLED OUT

My son will be attending camp the week (s) of:

SESSIONS: Session I (6/28-7/9) Session II (7/12-7/22) Session III (7/26-8/6)

WEEKS: 6/28 7/5 7/12 7/19 7/26 8/2 8/9

The following people have permission to pick up my son from Camp Seton:

NAME	PHONE #	RELATIONSHIP TO CAMPER
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1. _____

2. _____

3. _____

4. _____

5. _____