



# PICK-UP AUTHORIZATION FORM 2010 PRE SCHOOL/PRIME TIME SUMMER ARTS

14 South Park Street, Montclair, NJ 07042    [www.smapa.org](http://www.smapa.org)    Tel: 973-655-9819    Fax: 973-655-9829

**THIS FORM MUST BE RETURNED BY JUNE 1, 2010.**

**Dear Parents:**

Please indicate below who is authorized to sign your child in and out of the Prime Time Summer Arts Program. All campers **MUST** be signed out with his or her counselor daily.

Child's Name \_\_\_\_\_

**Authorized Person/s:**

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ My Child Has Permission To Walk Home Daily From Prime Time Summer Arts.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date