

ARLINGTON SUMMER BLAST—PARENT SIGN IN/OUT FORM 2010

	MON	TUE	WED	THU	FRI
JUNE	14	15	16	17	18
	21	22	23	24	25
	28	29	30	1	2
JULY	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
AUGUST	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20

PARENTAL PERMISSION TO RELEASE CHILD INTO THE CARE OF OTHERS

Child's Name _____ Age: _____

Dear Parent:

For your child's safety, we monitor who picks up your child from Summer Blast. Please indicate below the names of people, *including parents*, whom you authorize to pick up your child. **ANYONE NOT LISTED WILL NOT BE ALLOWED TO TAKE YOUR CHILD.**

NAME

RELATIONSHIP

_____ **MOTHER**

_____ **FATHER**

Parent's Signature _____ Date: _____