



Child Pick-up Authorization

I, _____ will be picking up my child(ren),

from the Rolly Pollies Gymbugs® Summer JAM on the dates I have selected. Others authorized to pick up my child(ren) are listed below:

- | | | | |
|----|--|--------|--|
| 1) | | Phone: | |
| 2) | | Phone: | |
| 3) | | Phone: | |

Parent Signature

Date

Please choose the dates listed below you would like your child(ren) to attend camp. The price breakdown is listed below.

| Tues | Th | Tues | Th | Tues | Th | Tues | Th | Tues | Th | Tues | Th | Tues | Th | Tues | Th | Tues | Th |
|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|------|------|------|------|
| 6/14 | 6/16 | 6/21 | 6/23 | 6/28 | 6/30 | 7/12 | 7/14 | 7/19 | 7/21 | 7/26 | 7/28 | 8/2 | 8/4 | 8/9 | 8/11 | 8/16 | 8/18 |
| | | | | | | | | | | | | | | | | | |

Total number of classes: _____

Please Circle: AM(9-12) or PM(1-4) Camps

Pricing: 1 - 5 days for \$38/day
 6 - 15 days for \$35/day
 16 - 18 days for \$33/day

Does your child(ren) have any allergies to food, medication or environment? How does your child(ren) react to these items?

Does your child(ren) have any medical or other condition that we should know about or be aware of?
