



Transformations Summer Camp Authorized Pick-Up

_____ is authorized to be picked up at the end of the day by the following people only.
 Name of Camper

(Please include parents/guardians!)

FIRST AND LAST NAME	PHONE NUMBER	RELATIONSHIP TO CAMPER
1. Parent/Guardian: _____	_____	_____
2. Parent/Guardian: _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If there are changes to this list, you may notify summercamp@momath.org. For any last-minute emergencies, you may call (212) 542-0566.

 Parent or Guardian Date Phone number