

Plymouth Day Camp
75 Hicks Street
Brooklyn, NY 11201

Camp Dismissal Instructions

My child, _____ in the _____ Room

will be picked up on a regular basis by:

Full name: _____

Relationship to child: _____

My child may also be picked up occasionally by the following people:

Full name:

Relationship to child:

1. _____

2. _____

3. _____

Please notify the office or your child's counselor if there is a change in your pickup instructions.

My child _____ accompany members of his/her group and the
(may/may not)
counselors on neighborhood walking trips.

(Parent's signature)

(Date)