## El Ranchito Day Camp Camper Sign-in / Sign-out Sheet

Child's Name:				Session:		Dates:		
Emergency	Contact: N	lame and Phone#						
Does your child have an allergy that requires an epi-pen?(Check Box) No Yes								
Age Level: (	Check Box)	) Daisy (going int	:01	1st grade) Brownie (2nd-3rd)				
	Junior (	4th-5th) Cadette	(6	th) P	rogram Aide	e (7th-12th	n)	
In				Out				
Is camper attending Extended AM Care?				Is camper attending Extended PM Care?				
Day	Time In	Adult Signature		Day	Time Out	Adu	lt Signature	
Monday				Monday				
Tuesday				Tuesday				
Wednesday				Wednesday				
Thursday				Thursday				
Friday				Friday				
list yourself	, family me	d phone number of all adult embers and carpool adult as will be done throughout t	ts.	Girls will not	•			
Name				Phone Numbers				
			_					
			_					
			_					

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Date/Time Health Problem or Concern Health Care Provided (Print Full Name	By e & Sign)