

# Marine Landing Day Camp Camper Sign-in / Sign-out Sheet

Child's Name:	Session:	Dates:
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Emergency Contact: Name:	Phone #:
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Does your child have an allergy that requires an epi-pen?    No    Yes, _____
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Age Level: (Circle one)	Daisy (going into 1st grade)	Brownie (2nd-3rd)
Junior (4th-5th)	Cadette (6th-8th)	CIT (9th-12th)

In		
<i>Is camper attending Extended AM Care?    Y    N</i>		
Day	Time In	Adult Signature
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Out		
<i>Is camper attending Extended PM Care?    Y    N</i>		
Day	Time Out	Adult Signature
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please list the name and phone number of all adults who are authorized to pick up your child. **Be sure to list yourself, family members and carpool adults. Girls will not be released to anyone who is not on the list.** *Photo ID checks will be done throughout the summer.*

Name	Phone Numbers

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[illegible]