



Camp Herrlich School Age Programs

Please fill out the following information completely, one form per child in the after school program.

Child's Name: _____ Grade: _____
School: _____ Teacher: _____

When will your child be starting their Camp Herrlich Program(s)?
Date: _____

Which Camp Herrlich Program(s) does your child attend? (Please Circle)
Kent After School MP After School

Pawling Elementary After School Camp After School Program

Which days of the week will your child be attending the program(s)?

Monday Tuesday Wednesday Thursday Friday

Variable: (Please describe or list days):

I give permission for my child to be dismissed from school to the Camp Herrlich School Age Program staff.

Parent Name (Print): _____ Date: _____
Parent Signature: _____

***** SCHOOL COPY. TEACHER, PLEASE GIVE TO THE OFFICE STAFF. OFFICE STAFF, THIS IS FOR YOUR RECORDS. THANK YOU!*****