**The Umbrella Community Arts Center – Vacation Week Program**

**Release and Authorization Form**

The contact, health/medical, and other information provided is accurate and up to date for,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attending The Umbrella’s Vacation Week Program.

(NAME OF CHIILD)

For the safety of your child(ren), you must sign your child in each morning and sign them out at the end of each day. All children must be picked up by a parent or other authorized adult. If there any additional adults not previously mentioned who you would like to be authorized to pick up your child, please indicate below.

I hereby give permission for my child to be released from the program at the end of the day to the following people:

Name Relationship to child

Phone (H): \_\_\_(C): \_\_\_(W): \_\_\_\_\_\_

Address

Name Relationship to child \_\_\_\_\_\_

Phone (H): \_\_\_(C): \_\_\_(W): \_\_\_\_\_\_

Address

I give my child permission to sign themselves in and out independently each day.

If you must make other arrangements for your child to be picked up, please notify us **in writing** of those arrangements. Thank you.

Parent/Guardian Signature Date