

EARLY PICK-UP OR LATE DROP-OFF ALERT

Today's Date _____

I, _____, Will be **picking up/dropping off** (circle one)
(print your full name)

Camper Name /Group ie., 2G, 3B, 1B _____

(Name of Camper / Group ie., 2G, 3B, 1B)

(Name of Camper / Group ie., 2G, 3B, 1B)

(Name of Camper / Group ie., 2G, 3B, 1B)

What time will you arrive?

On the following dates:

(List Full Dates ie., 6/28/21 – 7/2/21)

If you are picking up early, please arrive in the parking lot (south-east side of school) at the time stated, and a member of our staff will meet you in the parking lot with your camper(s) to sign them out.

If you are arriving late, please arrive in parking lot (south-east side of school) at the time stated, and a member of our staff will meet you in the parking lot to "intake" your camper(s).

Signature of Parent/Guardian



NOTE to Parent/Guardian: If you have any questions, please contact Lisa Scanlon by email recreation@longhillnj.gov or more urgently by cell at 908.343.7437.