

Watertown Parks & Recreation Department

61 Echo Lake Road
Watertown, CT 06795

PARENT/GUARDIAN PICK-UP PERMISSION

In order to provide your child with a safe environment, we ask that you take a few minutes to fill out the following. Please instruct anyone picking up your child that a picture form identification is required each & every time you (or your designated party) picks up your child.

DATE: _____

CHILD'S NAME: _____

NICKNAME (if applicable): _____

ADDRESS: _____ WTN ___ OAK ___

TELEPHONE(s): _____

RECREATION PROGRAM: _____

I authorize the following to pick-up my child from the above listed Watertown Recreation Department program.

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for my child to walk _____ or ride his/her bike _____ to and from camp.

PERSON FILLING OUT FORM RELATIONSHIP DATE SIGNATURE OF

THANK YOU FOR YOUR TIME AND CONCERN.
PLEASE INFORM THIS DEPARTMENT IMMEDIATELY
IF THE ABOVE INFORMATION CHANGES.