



Downstairs Cabaret Theatre  
Summer Education Program

DATE: \_\_\_\_\_

TO: Linda St George & SEP Staff

FROM: \_\_\_\_\_

Student Name: \_\_\_\_\_

The following people have my permission to pick up my child from camp.

Name	phone #	relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following person or persons should not be allowed to pick up my child from camp.

Name	phone #	relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian/Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Please inform us if there are legal issues regarding custody or guardianship issues.  
Thank you!