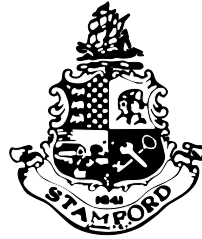


MAYOR  
David Martin



SUPERINTENDENT OF RECREATION  
LAURIE ALBANO  
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RECREATION SUPERVISOR  
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RECREATION  
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## CITY OF STAMFORD

RECREATION LEADER  
BOBBY PENTINO

RECREATION SERVICES DIVISION  
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STAMFORD, CT 06901  
977-5214, fax 977-5504  
www.stamfordrecreation.com

### Permission Slip fro Child Pick- Up

The Stamford Recreation Services Division requires al parents/ guardians to fill out the following permission slip if your child will be picked up by anyone except yourself. We will not allow a child /children to be released from any playground, activity or day camp program; or preschool program this year to any one besides the parents/ guardians, unless the following form is completed and turned into the DIRECTOR.

**All persons given permission to pick up the child / children will be required to show a photo I.D.** The department would like to thank you for your cooperation with our system and feel that this will make our summer camp programs safer for your child / children. If you have any questions, please call Scott Kassouf (Asst. Superintendent of Recreation) at 203.977.5018 or speak to the site director.

I \_\_\_\_\_ give my permission for,

Mr. / Mrs. \_\_\_\_\_ Dates: \_\_\_\_\_ Entire summer: \_\_\_\_\_

Mr. / Mrs. \_\_\_\_\_ Dates: \_\_\_\_\_ Entire summer: \_\_\_\_\_

Mr. / Mrs. \_\_\_\_\_ Dates: \_\_\_\_\_ Entire summer: \_\_\_\_\_

Mr. / Mrs. \_\_\_\_\_ Dates: \_\_\_\_\_ Entire summer: \_\_\_\_\_

to transport my child / children home from Day camp/ Playground / Activity Program / Preschool Program. I realize by signing this permission slip that I am releasing the City of Stamford Recreation Services Division of all responsibilities.

LIST THE CHILD / CHILDRENS NAME:

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

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

CAMP / PLAYGROUND / ACTIVITY/ PRESCHOOL PROGRAM

DIRECTORS SIGNATURE: \_\_\_\_\_