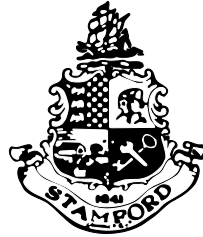


MAYOR
David Martin



SUPERINTENDENT OF RECREATION
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RECREATION LEADER
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CITY OF STAMFORD

ASSISTANT SUPERINTENDENT OF
RECREATION
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RECREATION SERVICES DIVISION
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STAMFORD, CT 06901
203-977-5214, fax 977-5504
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Child Pick-Up Permission Slip

The Stamford Recreation Services Division requires all 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, day camp or preschool program this year to any one besides the parents/guardians unless the following form is completed and turned into the SITE 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. Safety is our top priority. 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 Service; Division of all responsibilities.

LIST THE CHILD / CHILDREN'S NAME(S):

1. _____ 3. _____

2. _____ 4. _____

PARENT SIGNATURE: _____ DATE: _____

CAMP / PLAYGROUND / ACTIVITY/ PRESCHOOL PROGRAM

DIRECTORS SIGNATURE: _____