

Reply to:

Cooperative Extension Service
Ballit County
384 Halls Lane
Shepherdville, KY 40165
(502)-543-2257
Fax: (502)543-6940
sjeff2@uky.edu

Day Camp Name(s):

Name: _____

Age: _____

Address: _____

Phone Number: _____ (Circle one) Cell Work Home

Parent Email: _____

The people listed in this section will be the only people allowed to pick up the child! Photo ID's will be checked- Please inform those picking up your child to have ID available.

Parent/Guardian (s)

Name: _____

Phone Number: _____ (Circle one) Cell Work Home

Emergency

Contact: _____

Phone Number: _____ (Circle one) Cell Work Home

Alternate Pickup Person 1: _____ Relationship: _____

Alternate Pickup Person 2: _____ Relationship: _____

Publicity Release: I grant the University of Kentucky Cooperative Extension Service permission to photograph/videotape me/my child for possible use in brochures/videos/websites/news articles, etc. promoting participation in Extension program (s). I understand its contents.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Please Check:

_____ I give permission for my child's name/county to be included in publicity.

_____ I do not give permission for my child's name/county to be included in publicity.

