PLEASE FILL OUT THIS FORM IF YOUR CHILD IS ATTENDING OTHER ACTIVITIES/PROGRAMS IN ADDITION TO DKK SUMMER CAMP.

**CHILD NAME:**

**PARENT NAME:**

**PARENT CELL PHONE NUMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **TIME FRAME OF ACTIVITY** | **LOCATION OF ACTIVITY** | **DOES YOUR STUDENT NEED HELP GETTING FROM THEIR ACTIVITY TO DKK SUMMER CAMP?** |
|  |  |  |  |
|  |  |  |  |

**ADDITIONAL INSTRUCTIONS/DETAILS/COMMENTS:**

**Do you give a DKK Staffer permission to escort/aid your student from their location to DKK Summer Camp? YES NO**

**Please be aware that there may be additional fees involved in transports requested.**