

Discovery Day Camp, Inc.
P.O. Box 753 ♦ Lincolnshire, IL 60069
847 - 367- 2267 ♦ Fax 847- 367- 4202

Bus Form

(Please complete if your camper is bused to camp)

Family Name _____

Campers' Name(s) _____

Parents' Names _____

Please select one of the two options for dropping off your child each afternoon.

When the bus drops off my child at my house:

___ An adult (listed on this form) will meet my camper at the bus daily.

___ I elect to use a signal indicating that an adult is home in lieu of meeting the bus.
 The signal I will use is:

___ Garage door open

___ Front door open

Once my camper is safely off the bus and in front of our house, the bus may leave assuming the above selected drop off signal indicates that somebody is home. I recognize that Discovery Day Camp is not responsible for the safety and welfare of my child once they are dropped off at my house.

The following people are authorized to meet my child at the bus (please list parents, guardians, babysitters, older siblings, neighbors or grandparents that may meet the camper at the bus).

Name	Relationship	Comments

Signed _____

Date _____

<p>To be completed by camp: Bus: _____ Driver: _____ Assistant: _____</p>
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