



CALDWELL SUMMER ACADEMY  
AT CALDWELL UNIVERSITY

### Parental Consent for Student Release Form

Please list the person or persons that are authorized to pick up your child from camp. The authorized person will be asked to show their driver's license to sign out the camper. Anyone not appearing on this list will be prohibited from picking up the scholar.

**NO EXCEPTIONS!**

Please print clearly.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cohort(s) Attending Camp: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Are both guardians authorized to pick up the child? YES \_\_\_\_ NO \_\_\_\_

Please provide names, relation and phone numbers of authorized person(s):

Name	Relation	Phone Number

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: The Office of Admissions Newman Center 120 Bloomfield Avenue, Caldwell NJ 07006  
or

Email: [cucaldwellssummeracademy@caldwell.edu](mailto:cucaldwellssummeracademy@caldwell.edu)

**NO SCHOLAR WILL BE PERMITTED TO ENTER THE ACADEMY WITHOUT THIS FORM**