

MORTON SUMMER RECREATION **PROGRAM PARENT PERMISSION FORM**

To Morton Summer Recreation Program:

My child _____ will be attending the Morton Summer Recreation program at the Borough Hall, 500 Highland Ave., Morton, PA., Monday-Friday from 9:00 A.M., until 3:00 P.M. I understand that I am responsible for making arrangements for picking up my child or giving my child permission to walk home.

I give my child permission to walk home. Please circle YES or NO

****Please return this slip to Morton Summer Recreation Program Staff members****

Campers Name

Parents Name

Address

Telephone Number

School

Thank you,

Mr. Maurice McDaniel Jr.
Director
484-788-3450