



Summer Address
225 Pompton Road · Haledon, NJ 07508
Tel: 973-956-1220 Fax: 973-956 5751

Transportation/Registration:
Meryl Budnick
budnickm@ymha-nj.org

Bus Change Form
(use 1 form per day)

Date of Bus Change: _____

Please use this form to let us know of any transportation changes throughout the summer. If possible, **please give us 2 days notice** so that the necessary arrangements can be made. Please make additional copies of this form as needed or you can download additional forms from our website **www.campveritans.com**. **In the event of a camper going home with another camper (ie. Playdate) BOTH families must submit this form individually.**

Forms can be faxed to 973-956-5751 or given to the bus counselor.

Camper's Full Name: _____ Camper's Regular Bus: _____ Camper's Bunk: _____

Custodial Parent/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email Address: _____

If your camper is going home with another camper on a particular day, please complete the following:

Please put my child on bus _____ to be dropped off at _____
(bus number) (bus stop)
on the following date _____. He/she is going home with _____ and
(date) (other camper's name)
will be picked up at the bus stop by _____.
(designated adult)

If another camper is going home with YOUR camper on a particular day, please complete the following:

I am aware that _____ is going home with my child _____
(other camper name) (your campers name)
on the following date _____ on bus _____.
(date) (bus number)

AM Bus Changes, please complete the following:

My child _____ will be riding bus _____ to camp on the following date
(camper name) (bus number)
_____. He/She will board the bus at bus stop _____.
(date) (bus stop)

I understand that space on buses can be limited and that I must receive confirmation from the camp office before the temporary bus change can be put into effect.

Parent/Guardian Signature: _____ **Date:** _____