



**LIVINGSTON  
NEW JERSEY**

SENIOR, YOUTH & LEISURE SERVICES

# Tots Camp/Kiddie Camp Request Form

You can request to be with 2-3 friends by emailing this form to Corinne Olson at [colson2@livingstonnj.org](mailto:colson2@livingstonnj.org) by May 31st. (No forms will be accepted after May 31st and no changes to the groups will be made.)

**Please Check which Camp your child is attending:**

**Tots Camp**

( 3 Yr Olds)

**Kiddie Camp**

Pre-K

Kindergarten

1st Grade

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

**Friend's Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request ARE NOT guaranteed but we will try our best to accommodate.

\*Request must be mutual agreed upon all guardians. \*