

2023 MOON PARKS AND RECREATION SUMMER CAMP (Ages 5-12)



***Please fill out one form per child**

**A summer program to provide recreation to elementary age children ages 5 through 12
Monday-Friday June 5-August 11 2023**

8 A.M. – 5 P.M. at Brewer Toyota Pavilion in Moon Park

**Program will provide arts & crafts, games, some lunches, special events, field trips & more.
You will need to provide two snacks and lunch each day unless otherwise notified.**

Please mark which weeks your child will be attending:

- | | |
|--|--|
| 1. June 5-9 "Going Buggy" _____ | 6. July 10-14 "Color Craze" _____ |
| 2. June 12-16 "Science Lab" _____ | 7. July 17-21 "Gaming IRL" _____ |
| 3. June 19-23 "Week of Holidays" _____ | 8. July 24-28 "Art-Rageous" _____ |
| 4. June 26-30 "Jurassic Camp" _____ | 9. July 31-Aug4 "Medieval Times" _____ |
| 5. **July 6-7 "Camp Kindness" _____ | 10. Aug 7-11 "Tropical Vibes" _____ |

Fees: one child- \$180 per week (\$5 non-resident fee)

\$160 Second Child and each additional child after

****Week 5 July 6-7 -mini week due to holiday. \$75 per child. \$55-second child+**

At least ½ of total Summer Fees due at the time of registration. Balance due by June 1st.

If payment plan is a financial hardship, please contact the Moon Park office to discuss other possible options.

Further information contact Moon Parks and Recreation at 412-262-1703 ext 403 or email
info@moonparks.org or **lshaughnessy@moontwp.us**

There is no online registration for this program.

Moon Parks and Rec Mailing Address: 1000 Beaver Grade Rd, Moon Twp, PA 15108.

Call: Mon-Thurs 8:30-4:30/Fri 8:30-Noon

(Make checks payable to Moon Parks and Recreation)

T-shirt size options: Youth- Small/Med/Large, Adult- Small/Med/Large

Please circle: First Child/Second+ Child

Child's name: _____ Birthdate: _____

Parent name: _____

Home address: _____

Telephone: _____ Cell: _____

Email: _____

I have read, understand, and have explained the rules and policies with my child including the Behavior Management Plan. I have reviewed and agree to follow the Late Pick-Up Policy and the Payment and Cancellation Policy and agree to the fees associated with the policies. I have reviewed and authorize allergy medication administration, if applicable. (See attached Parent Handbook)

Parent Signature _____ Date _____

Summer Camp Participant Information

Program: **2023 MP&R Summer Camp (Ages 5-12)**

***One form per child**

Child's Name: _____

Emergency Contact name (other than parent): _____

Emergency Contact Phone: _____

Pick Up Information

Who will be regularly picking up your child?

<i>Name</i>	<i>Relationship to Child</i>

****Please notify the program staff if there are any changes or additions to this list.***

Is there anyone **NOT** authorized to pick up your child from the program and any other information regarding the custody of your child that we should be aware of?

Please list any medical or behavioral issues we should be aware of: (Please see Behavior Management Plan)

Allergy information:

Please include the severity of reaction, degree of exposure, frequency of reaction and management/treatment of the reaction.

· Drug: _____ Food: _____

· Insect Stings/Bites: _____

· Seasonal Allergies: _____

· Other: _____

ALLERGY MANAGEMENT/EPI-PENS/ASTHMA INHALER

Does your child understand his/her allergies and take reasonable precautions to avoid the allergens?

Yes ___ No ___ Notes: _____

Does your child carry an Epi-pen? Yes ___ No ___ Asthma Inhaler? Yes ___ No ___

Notes: _____