

2024 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 3-August 9 2024

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 3-7 "Wild West" _____ | 6. July 8-12 "Superhero Training" _____ |
| 2. June 10-14 "Eco-Adventures" _____ | 7. July 15-19 "Mythical & Magical" _____ |
| 3. June 17-21 "Space Expedition" _____ | 8. July 22-26 "Team Spirit" _____ |
| 4. June 24-28 "Animal Planet" _____ | 9. July 29- Aug 2 "Under the Sea" _____ |
| 5. **July 1-3 "Wacky Week" _____ | 10. Aug 5-9 "Dino-S'more Camp" _____ |

Base Fees: one child- \$190 per week (\$10 non-resident fee)

\$175 Second Child and each additional child after (\$15 discount)

****Week 5 July 1-3 -mini week due to holiday. \$115 per child. \$100-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 and photo release statement. (See Parent Handbook)

Parent Signature _____ Date _____

Summer Camp Participant Information

Program: **2024 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: _____