

# 2025 MOON PARKS AND RECREATION SUMMER CAMP (Ages 5-12)



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

**A traditional summer day-camp to provide recreation to elementary age children ages 5 through 12.  
Monday-Friday June 2-August 8 2025 (No camp July 4)**

**8 A.M. – 5 P.M. at the Brewer Pavilion in Moon Park (1350 Joe Denardo Way, Moon Twp)**

**Program will provide arts & crafts, games, activities, visiting programs, fields trips and more!**

**You will need to provide two snacks and a lunch each day unless otherwise notified.**

**Thank you to our Presenting Sponsor of our 2025 Summer Camp: Michael & Nicole Reed Team of Coldwell Banker Realty!**

Please mark which weeks your child will be attending:

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| 1. June 2-6 "Creepy Crawlies" ____            | 6. July 7-11 "Wide World of Sports" _____    |
| 2. June 9-13 "STEAM Week" ____                | 7. July 14-18 "Reading is FUN-damental" ____ |
| 3. June 16-20 "Color Craze" ____              | 8. July 21-25 "Shark Week" ____              |
| 4. June 23-27 "Earth Day Every Day" ____      | 9. July 28- Aug 1 "Camp Music Fest" ____     |
| 5. *June 30-July 3 "Seasonal Adventures" ____ | 10. Aug 4-8 "Time Travels" ____              |

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

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

***\*Week 5 June 30-July 3 -short week due to holiday. \$155 per child. \$140-second child+***

***At least ½ of total Summer Fees due at the time of registration. Balance due by June 1<sup>st</sup>***

***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](mailto:info@moonparks.org) or [lshaughnessy@moontwp.us](mailto: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: **2025 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: \_\_\_\_\_