

Respite Day Registration Form

• Respite Day Information

Harbor Momentum's Respite Day provides parents and caregivers with a few hours to reset, recharge, or take care of errands while their child(ren) enjoy a safe and engaging environment.

This is a free community service event designed to support families by providing supervised care for children in a fun, welcoming setting. During Respite Day, kids will participate in games, crafts, and activities while being cared for by Harbor Momentum Board Members and volunteers.

All volunteers working with children and Board Members will have the required clearances under the Pennsylvania Child Protective Services Law to ensure a safe and secure experience for every child.

Registration is required by 4 pm on May 28, 2026.

If you have any questions, please contact Brittany at bking@harbormomentum.org.

➤ Saturday May 30, 2026

➤ 1pm-4pm

➤ Discovery Church
170 Scharberry Lane
Mars, PA 16046

• What is included

- Lunch, snack, and drinks will be provided for all kids
- Indoor play area
- Outdoor miniature golf
- Activities such as games and crafts
- Free event
- Supervision by Board Members and volunteers by Harbor Momentum with all required clearances under the Child Protective Services Law



• Child(ren) Information:

Child #1: _____

Birthday: _____ Grade: _____

Allergies: _____

Special Interests or Needs: _____

Address: _____ City, State, & Zip: _____

Is the child currently in a temporary kinship or foster placement?

Yes No

Child #2: _____

Birthday: _____ Grade: _____

Allergies: _____

Special Interests or Needs: _____

Address: _____ City, State, & Zip: _____

Is the child currently in a temporary kinship or foster placement?

Yes No

Child #3: _____

Birthday: _____ Grade: _____

Allergies: _____

Special Interests or Needs: _____

Address: _____ City, State, & Zip: _____

Is the child currently in a temporary kinship or foster placement?

Yes No



• Parent/Guardian Information

Parent/Guardian #1 Name: _____ Phone: _____

Parent/Guardian #2 Name: _____ Phone: _____

• Emergency Contacts (Other than Parents/Guardian)

Name: _____

Phone: _____ Relationship to child: _____

Name: _____

Phone: _____ Relationship to child: _____

• Authorized Pick-Up Persons

I authorized the following individuals to pick up my child(ren) (Photo ID may be required)

Name: _____

Phone: _____ Relationship to child: _____

Name: _____

Phone: _____ Relationship to child: _____

• Medical Information & Emergency Release

In the event of an emergency, I hereby give permission to Harbor Momentum's staff/volunteers to secure proper medical treatment, including first aid, ambulance needs and hospitalization for my child. I understand that every effort will be made to contact me first.

Yes No

Allergies (Food/Other): _____

Medical Conditions/ Special Needs: _____

Physician Name: _____ Phone: _____

Health Insurance Provider: _____

Policy Number: _____



724-372-1751
www.harbormomentum.org
PO Box 8855 New Castle,
PA 16107

• Consent & Signature

By signing this Respite Day Registration Form, and in consideration of Harbor Momentum allowing my child to participate, I, the undersigned, assume all risks associated with my child(ren)'s participation and agree to release, hold harmless, and indemnify Discovery Church, Harbor Momentum, its Board Members and volunteers from any and all liability, claims, or damages for personal injury or property damage arising out of my child's participation.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:

• Media Release

- I consent to the use of photos/videos of my child for promotional purposes.
- I do NOT consent to the use of photos/videos of my child.