

SUMMER 2024

\$50 summer registration fee

Return completed forms along with Non-refundable registration fee to:

20 Media Line Road
Newtown Square, PA 19073

REGISTRATION FORM
PLEASE PRINT CLEARLY

| | | | | |
|--|--|---|---------------------------------------|---------------|
| Name of Child | | Sex | Age | Current Grade |
| Birth Date | | For Preschool/Toddlers – Is your child Potty Trained Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Parent 1 / Guardian Name | | | Home Phone | |
| Home Address | | | Cell Phone | |
| Town / Zip | | Email | | |
| Employer | | | Work Phone | |
| Employer Address | | | Occupation | |
| Parent 2 / Guardian Name | | | Home Phone | |
| Home Address | | | Cell Phone | |
| Town / Zip | | Email | | |
| Employer | | | Work Phone | |
| Employer Address | | | Occupation | |
| Emergency Contact Person(s) | | | | |
| Name | | Relationship | | Daytime Phone |
| Name | | Relationship | | Daytime Phone |
| SPECIAL DISABILITIES (IF ANY) * | | | ALLERGIES INCLUDING ALLERGIC REACTION | |
| MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | | | MEDICATION, SPECIAL CONDITIONS | |

Please check those items for which you give consent:

- | | |
|---|--|
| <input type="checkbox"/> EMERGENCY MEDICAL CARE | <input type="checkbox"/> MAY WATCH G OR PG MOVIES |
| <input type="checkbox"/> BASIC FIRST AID | <input type="checkbox"/> STAFF TO APPLY SUNSCREEN, IF NEEDED |
| <input type="checkbox"/> USE OF HAND SANITIZER | <input type="checkbox"/> SCHOOL BUS TRANSPORTATION |

MN Leisure Services insures all of its activities for public liability and property damage only. Registrants, participants and general public use is at one's own risk. Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), Marple Township, Newtown Township, Marple Newtown School District, and any of their respective agents, will not be responsible for any medical bills received as a result of any participation injury, in any of their programs, activities, or use of properties or facilities.

All registrants, or parents of minor children, are required to complete the above insurance information and certification before they will be accepted into a program and allowed to participate. All medical claims must be sent to your personal health plan provider. In addition, I agree that pictures/video taken during programs may be used for future promotional purposes (news releases, web site, etc.).

I have read the above requirements and fully understand its content, and hereby certify and agree to hold harmless the parties of the Marple Newtown Joint Recreation Commission (aka MN Leisure Services) for injuries sustained while participating in any of its activities and programs. In the absence of a participant, parent or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

Parent / Guardian Signature _____ Date _____



Summer Camp 2024

Toddler, Preschool & Kindergarten

| Please check the boxes for which you would like to register: | Week 1 6/24 – 6/28 | Week 2 7/1 – 7/3 Mon. – Wed. only | Week 3 7/8 – 7/12 | Week 4 7/15 – 7/19 | Week 5 7/22 – 7/26 | Week 6 7/29 – 8/2 |
|--|-----------------------|---|----------------------|-----------------------|-----------------------|----------------------|
| 5 day week | | (No camp 7/4, 7/5) | | | | |
| 3 day week | | | | | | |

If you are registering for 3 days a week, please specify days attending: _____

Preschool/Kindergarten: 3 days - \$107/week, \$414/month

Toddler: 3 days - \$150/week, \$586/month

5 days - \$167/week, \$646/month

5 days - \$230/week, \$890/month

Camper's Name _____

Parent/Guardian Signature _____

Date _____