

SUMMER 2025

**\$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 2025



Camp Hours are 9:00 am – 3:30 pm	Extended AM/PM Care
\$150 per week / regular 5 day program	7:30am – 9:00am / \$25 per week
\$100 per week / regular 3 day program	3:30pm – 5:00pm / \$25 per week

Please check the boxes for which weeks you would like to register:

Week	Session Dates	5-day Week	3-day Week
1	June 16– June 20		
2	June 23– June 27		
3	June 30– July 3 NO CAMP July 4 th	X	
4	July 7 – July 11		
5	July 14 – July 18		
6	July 21 – July 25		
7	July 28 – August 1		

EXTENDED AM/PM CARE	
Monday	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp
Tuesday	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp
Wednesday	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp
Thursday	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp
Friday	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp

Total Weekly fee: _____

For 3 days a week please specify days attending: _____

(Example: 5-day week \$150 + AM/PM care \$50 = \$200/wk)

Child's Arrival Time:	Child's Departure Time
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Camper's Name _____ Parent/Guardian Signature _____ Date _____