



**LITTLE VALLEY PARK FREE YOUTH SUMMER PROGRAM 2026
REGISTRATION FORM**

Parent/Guardian Name(s) _____	Parent/Guardian () _____ - _____ Home/Cell Phone #	Parent/Guardian () _____ - _____ Work phone #
_____	() _____ - _____ Back Up Phone #	_____ @ _____ Email address
Address (House Number & Street)	Apt. #/ Floor	City & Zip Code
Emergency Contact Information (Person MUST be available between the hours of 8 am and 1 pm)		
Name: _____ Home # /Cell #: () _____ --- _____		
Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Babysitter/Caretaker <input type="checkbox"/> Other: _____		
Child 1		
Child's First Name/ Middle Initial/Last Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____/_____/_____ Age: ___ Grade ___ <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">T- Shirt Size</div>
Medical Alerts: If NONE check box <input type="checkbox"/>		
Allergies: _____		
Physical activity restrictions: _____		
Prescribed Medications taken between 8:30 am and 1:00 pm (Name & Dosage- parent must administer):		
Child 2		
Child's First Name/ Middle Initial/Last Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____/_____/_____ Age: ___ Grade ___ <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">T- Shirt Size</div>
Medical Alerts: If NONE check box <input type="checkbox"/>		
Allergies: _____		
Physical activity restrictions: _____		
Prescribed Medications taken between 8:30 am and 1:00 pm (Name & Dosage- parent must administer):		



Child 3			
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Child's First Name/ Middle Initial/Last Name </div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____/_____/_____ Age: ___ Grade ___	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> T-Shirt Size </div>
Medical Alerts: If NONE check box <input type="checkbox"/> Allergies: _____ Physical activity restrictions: _____ Prescribed Medications taken between 8:30 am and 1:00 pm (Name & Dosage- parent must administer): _____			
Child 4			
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Child's First Name/ Middle Initial/Last Name </div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____/_____/_____ Age: ___ Grade ___	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> T-Shirt Size </div>
Medical Alerts: If NONE check box <input type="checkbox"/> Allergies: _____ Physical activity restrictions: _____ Prescribed Medications taken between 8:30 am and 1:00 pm (Name & Dosage- parent must administer): _____			
Child 5			
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Child's First Name/ Middle Initial/Last Name </div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____/_____/_____ Age: ___ Grade ___	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> T-Shirt Size </div>
Medical Alerts: If NONE check box <input type="checkbox"/> Allergies: _____ Physical activity restrictions: _____ Prescribed Medications taken between 8:30 am and 1:00 pm (Name & Dosage- parent must administer): _____			
Which week(s) will your child attend the Little Valley Park FREE Summer Program? <input type="checkbox"/> FULL PROGRAM: Tues/Wed/Thurs: June 16 – July 16, 2026 8:30 am – 12:30 pm OR <input type="checkbox"/> Week 1: 6/16-18 <input type="checkbox"/> Week 2: 6/23-25 <input type="checkbox"/> Week 3: 6/30- 7/ 2 <input type="checkbox"/> Week 4: 7/ 7-9 <input type="checkbox"/> Week 5: 7/14-16			
Arrival/Dismissal: <input type="checkbox"/> My child will be dropped off at Little Valley Park at 8:30 am and picked up by _____ at 12:30 pm <input type="checkbox"/> My child will walk to Little Valley Park by him/herself at 8:30 am and leave by him/herself at 12:30 pm <i>Under no circumstances may children leave the park premises anytime between 8:30 am – 12:30 pm unless picked up & signed out by parent/guardian. This policy will be strictly enforced.</i>			



PENBROOK BOROUGH – PARKS & PROPERTIES – 150 S 28TH STREET PENBROOK, PA 17103

www.penbrook.org (717) 232-3733

LVP Summer Program Rules/Regulations & Liability Waiver (see pages 2-5)

- I have read the *Little Valley Park FREE Summer Program Rules & Regulations* and agree that I and my child will follow the rules as stipulated.
- I, the legal guardian, have signed the *Liability Waiver and Indemnification Form*. If you are registering more than one child, the liability waiver covers all children that you are registering.