
REGISTRATION INFORMATION

2019 Sinking Spring Playground Program

A 9-week program from June 10th - August 9th and includes: Activities, Crafts, Field Trips.

DATES:

June 10th - August 9th

Closed July 4th

HOURS:

9:00 am - 1:00 pm | Monday - Friday

6:00 pm - 8:30 pm | Monday - Thursday

TWO LOCATIONS:

- * Sinking Spring Playground (Main) | 200 Evans Ave. & Ruth St., Sinking Spring, PA 19608
- * Brookfield Manor Playground | Brookfield Avenue and Brook Hollow Drive, Sinking Spring, PA 19608

COST:

Sinking Spring Playground Program

- * Residents of Sinking Spring Borough: \$50 per child (\$130 family max)
- * Non-Residents: \$85 per child (\$225 family max)
- * Need based reduced rate available: Contact the Borough office 610-678-4903 for requirements.

HOW TO REGISTER:

1. Register by filling out form below. Each child MUST have his/her separate form.
2. Submit payment
 - * Online via Paypal at: <https://tinyurl.com/y4hqegga> (small fee will apply) OR
 - * Make check payable to "Borough of Sinking Spring" & Mail-in/Deliver to: Sinking Spring Borough Hall 3940 Penn Ave. Sinking Spring, PA 19608 | (610) 678-4903

PLEASE NOTE: Registration will only be complete after payment is received.



REGISTRATION FORM

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PLAYGROUND CHOICE: Choose location that you would like to attend (you may register for one or both):	
_____ Main Playground on Ruth St. _____ Brookfield Playground on Brookfield Ave	
Child's Name (Last/First):	Child's Age:
Child's Home Address:	
CHILD'S T-SHIRT SIZE	_____ XSmall Youth _____ Small Youth _____ Medium Youth _____ Large Youth _____ XLarge Youth _____ Small Adult _____ Medium Adult _____ Large Adult
CONTACT INFORMATION	
Parent/Guardian 1 Contact Name (Last/First):	
Parent/Guardian 1 Home #:	Parent/Guardian 1 Cell #:
Parent/Guardian 1 Email Address:	
Parent/Guardian 2 Contact Name (Last/First):	
Parent/Guardian 2 Home #:	Parent/Guardian 2 Cell #:
Parent/Guardian 2 Email Address:	
EMERGENCY CONTACT INFORMATION	
Emergency Contact Name (Last/First):	
Emergency Contact Home #:	Emergency Contact Cell #:
MEDICAL INFORMATION & AUTHORIZATION	
Does your child have a diagnosed or mental condition/disability that requires special accommodations? If yes, please explain:	
Does your child have any other limitations or conditions? If yes, please explain:	
Please list any allergies (medications and/or food):	

COMPLETE OTHER SIDE OF FORM ⇒



REGISTRATION FORM

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THE FOLLOWING INFORMATION IS FOR EMERGENCY USE ONLY	
Type of Medical Insurance Plan:	
Medical Insurance Policy #:	
Physician Name:	Physician Phone #:
<p>I/We, give my/our permission for my/our child to...</p> <p><input type="checkbox"/> Participate in Sinking Spring Playground activities.</p> <p><input type="checkbox"/> Receive medical treatment by a first aid-certified individual, EMT, nurse, doctor, or hospital if necessary. It is understood that the adult in charge will attempt to contact me/us.</p> <p><input type="checkbox"/> Be transported by automobile or bus by employees or agents of the Borough of Sinking Spring, when in connection with events sponsored by the Borough.</p>	
<p>Please indicate your payment method. Registration will only be complete after payment is received.</p> <p><input type="checkbox"/> Paypal Online: https://tinyurl.com/y4hqeqga</p> <p><input type="checkbox"/> Mail-in/Deliver Check or Cash: Make check payable to "Borough of Sinking Spring" & Mail-in/Deliver to: Sinking Spring Borough Hall 3940 Penn Ave. Sinking Spring, PA 19608 (610) 678-4903</p>	
<p><u>Sinking Spring Playground Program</u></p> <ul style="list-style-type: none"> Residents of Sinking Spring Borough: \$50 per child (\$130 family max) Non-Residents: \$85 per child (\$225 family max) Need based reduced rate available: Contact the Borough office 610-678-4903 for requirements. 	
Signature of Parent/Legal Guardian 1	Date:
Signature of Parent/Legal Guardian 2	Date: