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## REGISTRATION INFORMATION

### 2019 WILSON BULLDOG SUMMER BLAST

A 6-week outdoor summer program from June 18th - August 1st for children entering 1st through 4th grade for the 2019-2020 school year. Taught by Wilson teachers to help diminish the "summer slide" and offer continued academic opportunities while having fun outside. Includes: Weekly Themes, Reading Program, Activities, Crafts

**DATES:**

June 18th, 20th, 25th, 27th

July 9th, 11th, 16th, 18th, 23rd, 25th, 30th

August 1st

**HOURS:**

9:00 am - 11:00 am | Tuesday & 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:**

Wilson Bulldog Blast Program: \$75 per child

\* Scholarships available: Contact the Wilson Education Foundation office 610-670-0180 ext 5999 for more information.

**HOW TO REGISTER:** *Pre-registration deadline is June 7th*

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/y5fjst6b> (small fee will apply) OR

\* Make check payable to "Wilson Education Foundation" & Mail-in/Deliver to: Wilson Education Foundation,  
2601 Grandview Blvd. West Lawn, PA 19609 | (610) 670-0180

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



## REGISTRATION FORM

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**PLAYGROUND CHOICE:** Choose one playground location that you would like to attend - Brookfield is limited to 40 students. We will make every effort to accommodate playground location requests however first paid registrants will be given priority:

\_\_\_\_\_ Main Playground on Ruth St. \_\_\_\_\_ Brookfield Playground on Brookfield Ave

Child's Name (Last/First):

Child's Age:

Child's Home Address:

#### 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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<b>THE FOLLOWING INFORMATION IS FOR EMERGENCY USE ONLY</b>	
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>Children will be placed in groups according to age, however if you have a special request, or would like to be grouped with a friend please indicate here: _____</p>	
<p>Please indicate your payment method. Registration will only be complete after payment is received.</p> <p><input type="checkbox"/> <b>Paypal Online:</b> <a href="https://tinyurl.com/y5fjst6b">https://tinyurl.com/y5fjst6b</a></p> <p><input type="checkbox"/> <b>Mail-in/Deliver Check or Cash:</b> Make check payable to "Wilson Education Foundation" &amp; Mail-in/Deliver to: Wilson Education Foundation, 2601 Grandview Blvd. West Lawn, PA 19609   (610) 670-0180</p>	
<p><b><u>Wilson Bulldog Blast Program:</u></b></p> <ul style="list-style-type: none"> <li>• \$75 per child</li> <li>• Scholarships available: Contact the WEF office 610-670-0180 ext 5999 for more information.</li> </ul>	
Signature of Parent/Legal Guardian 1	Date:
Signature of Parent/Legal Guardian 2	Date: