2024 Wrightstown Township "Summer Playground"

The Wrightstown Township Park and Recreation Board is pleased to announce its 48th Annual Summer Playground to be held at the FOP Fairgrounds located at 1058 Mill Creek Road in Wycombe, beginning July.

This year the 9am to noon program will run for three weeks, Monday through Thursday. All children entering kindergarten through sixth grade in September are eligible to participate.

The fee for the day camp is \$75.00 per session. Third, fourth, etc. child(ren) from the same family will be admitted at \$50.00. All camp activities and projects are planned ahead, thus a day missed during one week cannot be substituted for a day during another week.

PLEASE NOTE: Parents/guardians are responsible for transportation to and from camp!

Camp will consist of three themed weeks. The theme weeks for this year will be sent to parents via email prior to the start of camp. Each day is action packed with games, relays, arts and crafts, snacks, storytelling, nature programs and organized activities!

Summer Playground Registration

Child's Name		Entering (Entering Grade		
Date of Birth	Parents Nai	ne	Emai <u>l</u>		
Address					
Home Phone	Cell Phone				
Does your child have any aller	gic reactions (be	e stings, etc)?			
Please explain medical treat	ment:				
Circle Week/s Attending	July 8 - 11	July 15 - 18	July 22 - 24		
Parent Signature:			Date		

WRIGHTSTOWN TOWNSHIP

SUMMER PLAYGROUND

DROP OFF & PICK UP LIST

Please complete this form to let us at camp.	know who will be dropping off and picking up your child
DROP OFF	
Name:	Cell #
Alternate:	Cell #
Alternate:	Cell #
PICK UP	
Name:	Cell #
Alternate	Cell #
Alternate	Cell #

Photo Release Form for Minors (if under 18)

Wrightstown Township has my permission to use my or my child's photograph publicly to promote the township. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:	Date	
Parent/Guardian's Name:		
Child's Name:		
Phone Number:		
Photo Relea	ase Form for Adults	
township. I understand that the images i publications, presentations, websites, an	ion to use my photograph publicly to promote may be used in print publications, online nd social media. I also understand that no royal	
fee or other compensation shall become	payable to me by reason of such use.	
Signature:	Date	
Name:		
Phone Number:		