



## 2024 EAST HANOVER TOWNSHIP Summer Recreation Program Registration Form

This Camp is for children entering 1st Grade thru 8th Grade for 2024-25 School Year

Grade in Sept. 2024	Child's First Name	Child's Last Name	Date of Birth	Age at Camp	*Any Allergies or Medical Concerns? Y or N

\* Parents: if you answered 'Y' for any allergies or medical conditions, please complete page 2 of this form ↻

Home Address	City & Zipcode

Parent(s) / Legal Guardian(s)	Primary Phone #	Work Phone #

Email Address(es)	Contact Name

Camp runs 9 am to 12 noon, Mon. thru Fri, June 17th thru August 2nd. The camp fee is \$25 per week for children residing in East Hanover Township, and \$35 per week for non-residents. Select the weeks your child will attend camp, and submit this registration form with your payment (cash or check only) no later than **May 31st** to the East Hanover Township office, Mon-Fri, 7:30 am-4:00 pm.  
Limited spaces available..

Camp Dates:	Camper Name(s)	Weekly Cost
Week #1 - June 17- June 21		
Week #2 - June 24- June 28		
Week #3 - July 1- July 5		
Week #4 - July 8- July 12		
Week #5 - July 15- July 19		
Week #6 - July 22- July 26		
Week #7 - July 29- Aug 2		

**Total # Weeks** \_\_\_\_\_ **x (\$25 Res or \$35 Non-Res) = Amount enclosed**      \$ \_\_\_\_\_

Make checks payable to East Hanover Township Park and Recreation, 8848 Jonestown Road, Grantville, PA 17028  
or put in our Dropbox outside the Township building. For questions, call 717-469-0833 x202 or email [parkandrec@ehtdcpa.org](mailto:parkandrec@ehtdcpa.org).

\*This program is not sponsored or endorsed by the Lower Dauphin School District.



## 2024 EAST HANOVER TOWNSHIP Summer Recreation Program Registration Form (Pg. 2)

Parents: list all Allergies, Medical or Dietary Information, Special Needs, Chronic Problems and Medications for your child(ren). This information will be strictly confidential, for the Summer Rec Program Director and Assistant Director, that will help us while your child is in our care

**Child's Name:** \_\_\_\_\_

Does your child carry prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list medication: \_\_\_\_\_

Does your child require any accommodations to participate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Does your child carry prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list medication: \_\_\_\_\_

Does your child require any accommodations to participate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Does your child carry prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list medication: \_\_\_\_\_

Does your child require any accommodations to participate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_