REGISTRATION FORM Parent's name: Address: ___ Email: ____ Phone: _____ **Emergency Contact:** Phone: Child/ren Name(s): Age: **Session Fees:** \$30/session/child - \$10 add'l child \$4/day/child - \$1 add'l child Total paid: _____ *checks can be made to HCC*

The mind grows most when it has the freedom to be a kid...





Let us not forget the magical opportunity of childhood.





February 14th thru March 29th Tuesdays & Wednesdays 9:45am-11:45am

5th & Mifflin Street Huntingdon, PA 16652 (814) 643-4241 huntingdoncommunitycenter@gmail.com www.huntcommunitycenter.org

Indoor Playground for Babies, Toddlers, and Preschoolers!

PROGRAM GOALS

- Physical Activity
- Social skills
- Adult conversation
- Having fun!



(initials)

____I/We grant permission for my child to have his/her photo/video taken and published on the HCC public internet site or any other type of social media.

____I/We grant permission for my child to have his/her photo/video taken and published on the HCC public internet site or any other type of social media.

REGULATIONS

You are welcome to bring your own safe, plastic ride-on toys; but please prepare your child that toys are for all children. This is a great time to learn the important skill of sharing!

Parents(legal guardians or grandparents) are asked to accompany your child and remain with him/her throughout your time at Play Day.

If Huntingdon Area School District has a delay or cancels, Play Day is also cancelled.

Everyone (adults and children) is asked to help with the set-up and clean-up of toys.

There will be child-size picnic tables if you choose to bring a snack for your child.

CONSENT FOR PARTICIPATION

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and guidelines of the Huntingdon Community Center (HCC), its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with PlayDay, and in consideration for the HCC accepting the registrant for its programs and activities, I hereby release, discharge, or otherwise indemnify the HCC, its affiliated organizations and sponsors, their employees and associated personnel, including owners and facilities utilized for the program, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. Further, permission must be granted by the HCC for registrant without insurance coverage to participate.

Signature		
Printed name		
 Date	 	