

**BOROUGH OF ELLWOOD CITY**

525 LAWRENCE AVENUE  
ELLWOOD CITY, PA 16117

Phone: (724) 758-7777

Fax: (724) 758-3044



**Playground Registration Form**

**Information about your child**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

Does your child have a sibling in the program? \_\_\_\_\_

Allergies/Medical Concerns (please be as specific as possible):  
\_\_\_\_\_  
\_\_\_\_\_

Will your child be bringing a lunch each day?  Yes  No (Lunch and snacks will be provided)

Will your child Walk  Yes  No

**Parent/Guardian Information**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Are you a resident of the Borough of Ellwood City?  Yes  No

Person(s) responsible for picking up your child every day at the end of the day (please fill in if different from the parent/guardian listed above) Please note, if this section is filled out, this is **THE ONLY PERSON(S)** your child will be released to at the end of the day. Identification will need to be shown each day:

Designated Pick up #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Designated Pick up #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photo Release: I hereby give permission for images of my child, captured during the Summer Playground Program through video, photo and digital camera, to be used solely for the purposes of The Playground Program promotional material, social media platforms and publications, and waive any rights of compensation or ownership thereto.**

Yes, I give permission  No, I do not give permission

Parent or guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_