

**WEST SHORE RECREATION SUMMER PLAYZONE 2026
Information & Consent Form**

WEST SHORE RECREATION COMMISSION
Mailing Address: PO Box 413, Lewisberry, PA 17339
(Physical Office Location: 507 Fishing Creek Rd, Lewisberry, PA 17339)

2026 PLAYZONE LOCATION
Highland Elementary, 1325 Carlisle Road, Camp Hill
Exit 40 - Interstate 83

Check One: PrimaryZone (Ages K-8)

SecondaryZone (Ages 9-12)

Name of Child:

Birthdate:

Address:

E-Mail Address:

Mother's Name:
(or legal guardian)

Father's Name:
(or legal guardian)

Mother's Home Address:

Phone:
Cell:

Father's Home Address:

Phone:
Cell:

Mother's Business Address:

Phone:

Father's Business Address:

Phone:

Name & Address of Emergency Contact Person (should parents be unavailable): Phone:

Name & Address of Child's Physician or Source of Medical Care: Phone:

List any special Disability:

(Continue on Back)

List Special Medical or Dietary Information Necessary for Management in an Emergency Situation - Allergies, Meds.

List Health Insurance Coverage for Child under Family Insurance Policy or Medical Assistance Benefits:

Insurer:

Policy #

PARENTAL CONSENT

Please initial each line and provide necessary information where appropriate.

Written Consent is Given For:

Emergency Medical Care

Administration of Prescription Medication

(Physician's current written instructions must be provided)

Administration of Non-Prescription Medications

(Please list all that may be administered and dosage)

Administration of Special Dental or Dietary Needs

(Please list all that may be administered and dosage)

I give authorization for my child to be released only to the following three individuals (in addition to parents):

I hereby attest that the information listed on this form is complete and accurate to the best of my knowledge. I also give consent to the items initialed. I hereby waive any claims for bodily injury, illness, property damage or other liability against West Shore Recreation Commission, West Shore School District and their respective agents, servants and /or employees while my child is participating in the summer PlayZone 2026 program.

Signature of:
Parent or Legal Guardian

Date:

Printed name of:
Parent or Legal Guardian

This form should be returned by May 29, 2026. If this form is not returned prior to the first day, your child will be unable to attend PlayZone until a completed form is provided.

PlayZone Camper Personality Questionnaire

Child's Name _____

Please check the most appropriate description of your child to give us an idea of your child's personality. We need to plan activities and get a little background. Feel free to explain your answers. The more we know about your child, the better prepared we can be to serve their needs.

1. As the parent/guardian, do you have an interesting hobby or job that you would be willing to share with our PlayZone program? If so, explain below.

2. My child is outgoing shy
3. My child likes group activities individual activities
4. My child has good listening skills. Yes No
5. My child is a follower leader
6. My child likes quiet games noisy games
7. My child likes to share. Yes No
8. My child has a long attention span short attention span
9. My child can tie his/her shoes and skates. Yes No
10. My child can dress themselves. Yes No Swimsuit? Yes No
If the answer is "No" to either, be sure to spend time teaching your child these skills.
Staff will be unable to assist.
11. What are your child's favorite things to do?

12. My child is big for their age small for their age average for their age
13. My child is mature for their age immature for their age

14. Does your child have any learning disabilities? Yes No Explain.
15. Does your child know what foods he/she can and cannot eat in case of food allergies?
 Yes No N/A
16. Does your child show signs of homesickness? Yes No
17. Does your child have a friend attending day camp? Yes Who? No
18. Is your child creative? Yes No
19. What places has your child visited?
20. My child has traveled by: Plane Train Car Bus
21. My child displays aggressive behavior passive behavior
22. How do you discipline your child?
23. What are your child's strong points
24. What are your child's weak points?
25. Does your child have any extreme fears? (the dark - storms?)

