

# West Shore Recreation Commission

◆ www.westshorerec.org ◆

May 2025

Dear PlayZone Parent/Guardian:

Welcome to the West Shore Recreation Summer PlayZone Program! PlayZone is entering its 33rd year of providing a fun camp experience for children. Here are two documents included with this letter:

Required: Consent Form and Personality Questionnaire.

Fun info: PlayZone Staff Bios

**Please take a few moments to review the information and fill out & return the necessary forms (pages 2-5) to our office no later than Friday, May 30, 2025.** You may either e-mail, fax, mail or drop off to our office/drop box.

Informational flyers containing specifics will be produced weekly and available to you by the Thursday *before* each week your child is enrolled in. These flyers will be posted at <https://www.wsrec.org/playzone-day-camp> or you may pick one up at the PlayZone sites. We are able to provide the field trip listing to you (see below). We can also tell you that the campers will go to RLHS for swimming, once a week on Mon. *or* Wed. afternoons. Reminder that children who need to use a lifejacket to swim, must bring their own each week.

There will be another e-mail sent to you in a few weeks that will include other relevant information. Until then, enjoy the spring weather! We thank you for your interest in this program, and it is our hope that this will be a fun and exciting summer for your child(ren).

Sincerely,

Eric J. Stauffer

Recreation Manager

2025 Field Trips (subject to change)

6/13	Laserdome
6/19	Carlisle Swimming Pool
6/26	Olympic Skating Center
7/3	Trindle Bowl
7/10	Little Buffalo Swimming Pool
7/17 or 7/18	TBD
7/25	Lemoyne Swimming Pool
8/1	Twin Ponds – ice skating



**WEST SHORE RECREATION SUMMER PLAYZONE 2025**  
**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)

2024 PLAYZONE LOCATION  
Highland Elementary, 1325 Carlisle Road, Camp Hill  
Exit 40 - Interstate 83

**Circle One: PrimaryZone (Ages K-8)**

**SecondaryZone (Ages 9-12)**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
(or legal guardian) (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.

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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 (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 (including COVID issues), 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 2025 program.

Signature of: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian

Printed name of: \_\_\_\_\_

Parent or Legal Guardian

**This form should be returned by May 30, 2025. 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 circle 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?

\_\_\_\_\_

\_\_\_\_\_

2. Is your child outgoing / shy?

3. Does your child like group / individual activities?

4. Does your child have good listening skills? Yes / No

5. Is your child a follower / leader?

6. Does your child like quiet / noisy games?

7. Does your child share? Yes / No

8. Does your child have a long / short attention span?

9. Can your child tie his/her shoes and skates? Yes / No

10. Can your child 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. Is your child big / small / normal for their age?

13. Is your child mature / immature for their age?

14. Does your child have any learning disabilities? Explain. \_\_\_\_\_  
\_\_\_\_\_
15. Does your child know what foods he/she can and cannot eat in case of food allergies?  
Yes / No
16. Does your child show signs of homesickness? Yes / No
17. Does your child have a friend attending day camp? Yes / No Who? \_\_\_\_\_
18. Is your child creative? Yes / No
19. What places has your child visited? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Has your child ever traveled by: Plane - Train - Car - Bus
21. Does your child display aggressive / 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?) \_\_\_\_\_  
\_\_\_\_\_

