

# The City of York Pennsylvania

The Honorable Michael R. Helfrich, Mayor



Chaz A. Green  
Director  
Department of Public Works  
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## York City Parks & Recreation 2024 Summer Parks Program

PROGRAM DATES: June 17 through July 25, 2024 - Monday through Thursday - 9 AM to 4 PM

### REGISTRATION FORM – AGES 6 TO 13 – Complete for each child.

**PARK SELECTION – Please check the appropriate box to indicate which park your child will attend.**

**Memorial Park Complex**     **Farquhar**     **Allen**     **Bantz**     **Arles**  
(940 Vander Ave.)    (Newberry St. & Madison Ave)    (Tremont & Wallace Sts.)    (Salem Ave.)    (Pattison St.)

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

### YOUTH PARTICIPANT INFORMATION

**City Resident**     **Non-City Resident**

Youth's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School (2023-2024) \_\_\_\_\_

Grade Completed by the START of the program? \_\_\_\_\_

T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult X-Large

Can your child swim?  Yes  No

Will your child require a TSS?  Yes  No

Case Worker Contact Information (for TSS ONLY):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian

<b>OFFICE USE ONLY</b>	Date Received: _____
Total Amt. Paid \$ _____	Date Paid _____
PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> Check - No. _____	
Receipt No. _____	Initials _____

Revised 4/4/24  
Recreation Specialist\Youth Programming\Summer Parks\  
2024 Program DOCS\2024 Summer Park Registration Form

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www.yorkcity.org