

# Children's Summer Food Service & Activities Program

**Children ages 5 & up • Monday-Friday June 20 through August 19**

**ROTARY PARK** Shore Street • Butler, PA 16001

Monday - Friday 12:00 Noon to 3:00PM (Lunch Served from 12:00 to 12:30PM)

**FATHER MARINARO PARK** Lincoln Avenue • Butler, PA 16001

Monday - Friday 12:00 Noon to 3:00PM (Lunch Served from 12:00 to 12:30PM)

**INSTITUTE HILL PLAYGROUND** East Jefferson Street • Butler, PA 16001

Monday - Friday 4:30 to 7:00PM (Dinner Served from 4:30 to 5:00PM)

**YMCA** 339 North Washington Street • Butler, PA 16001

• **FOOD ONLY SITE** • Lunch Served at 12:00 to 12:30PM

The Children's Summer Food Service and Activities Program is an open drop-in program with the goal of providing healthy nutritious meals and recreational activities for children ages 5 and up. Please take note that this program IS NOT a closed babysitting or day-care program so children are permitted to come and go freely. Program activities are targeted toward younger children age 12 and under. The program provides a minimum of two program workers at each location. Due to the need for planning food and other resources and for emergency purposes, registration of your child is required for their participation. Please fill out the information below and bring it with your child to one of the locations listed above or email it to [2bill@gyff.org](mailto:2bill@gyff.org). If you have any questions or need for additional information, please contact **Grace Youth and Family Foundation** at **724-282-0507**.



I give permission for my son / daughter \_\_\_\_\_ age \_\_\_\_\_ CUT OUT

to participate in the Children's Summer Food Service and Activities Program. I understand that this is an open program and that my children may come and go freely. As the parent and/or legal guardian of the child named above, I accept all risk and do hereby waive and release Grace Youth and Family Foundation, their officers, members and volunteers, from all future claims, rights, and courses of action accruing in my favor as a result of personal injuries or property loss. I also do hereby authorize Grace Youth and Family Foundation to arrange emergency medical care and transfer of our son and/or daughter to the hospital for evaluation and appropriate medical treatment.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Home Address \_\_\_\_\_