



SUSQUEHANNA TOWNSHIP
PARKS & RECREATION 1900
LINGELSTOWN RD
HARRISBURG PA 17110

PROGRAM REGISTRATION FORM

Participants must live in the same household to be on the same form.
 We cannot process incomplete forms.

A

 PARTICIPANT FIRST NAME PARTICIPANT LAST NAME BIRTHDATE AGE GENDER GRADE

FAMILY MEMBER	PROGRAM NAME	REGISTRATION #	DATE OR SESSION #	COST

HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: _____

B

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C

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HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: _____

1

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ FAMILY EMAIL ADDRESS _____ (THIS WILL BE USED FOR ALL CHILDREN IN THE FAMILY)

PLEASE CHECK HERE IF YOUR INFO HAS CHANGED

2

PARTICIPANT/ MOTHER/GUARDIAN FIRST NAME _____ PARTICIPANT/ MOTHER/GUARDIAN LAST NAME _____ CELL PHONE _____

PARTICIPANT/FATHER/GUARDIAN FIRST NAME _____ PARTICIPANT/ MOTHER/GUARDIAN LAST NAME _____ CELL PHONE _____

3

EMERGENCY CONTACT _____ CELL PHONE _____ RELATION _____

4

PAYMENT INFO: CREDIT CARD # _____ EXP ____/____ 3 DIGIT SECURITY CODE _____

5

SIGNATURE _____ PRINTED NAME _____ DATE _____