

# Children's Summer Food Service & Activities Program

**Monday - Friday June 19 - August 18 12:00pm to 3:00pm**  
(Lunch served 12:00pm to 12:30pm)

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

**FATHER MARINARO PARK** Lincoln Ave. Butler, PA 16001

**INSTITUTE HILL PLAYGROUND** East Jefferson St. Butler, PA 16001

**Wednesdays Only June 21 - August 2 (Lunch Served 11:30am to 12:00pm)**

**BUTLER AREA PUBLIC LIBRARY** 218 N. McKean St. Butler, PA 16001

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, name \_\_\_\_\_

age \_\_\_\_\_

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 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 injury or loss of property. I also 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

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

Email: \_\_\_\_\_