



PCYC's 2013 Summer Fun at Cleveland Park!

A FREE Drop-In Program for Kids of All Ages in the Cleveland Neighborhood!!

June 17th - August 9th

Monday - Friday

10:00am - 4:00pm

At Cleveland Park -- 3232 Queen Ave. No., Mpls.

Closed July 4th in recognition of Independence Day

Enrollment forms can be found at www.pcy-cmpls.org
or picked up at the park on any program day.



Plymouth Christian
Youth Center
Bright Futures in Action

JOIN US FOR...

- Sports & Games
- Mornings with TPT's *Electric Company Camp*
- Afternoon Guest Artists from Camden Music School
- Great Books to Read
- Fun People to Hang Out With
- 7 Field Trips (more info. later)
- AND MUCH MORE!!!!

FREE

**Breakfast at 10:00am
&
Lunch at 1:00pm**



** This is a drop-in program, and children may come and go from the program as they please. Youth can come 1 day...10 days...or everyday- whenever they're looking for something fun to do!*

*** Youth under age 5 must be accompanied by a responsible sibling or adult.*

A program of Plymouth Christian Youth Center, generously supported by The Pohlad Family Foundation.

For more information please contact Jessie at PCYC by
Phone 612-643-2026 or email jbester@pcyc-mpls.org



PCYC Cleveland Park Program 2013

Enrollment Form

(Please fill out one form for each child attending the program)

Child's Name: _____ Date of Birth: _____ Childs Race _____

Parent/guardian name(s): _____ Relationship: _____

Parent/guardian email address: _____

Current address: _____ Zip Code: _____

PHONE: Home _____ Cell/pager _____ Work _____

What school did your child attend in '12-'13: _____ Grade just completed: _____

What school will your child attend in '13-'14 _____

Did your child receive free or reduced lunch this past school year? Yes _____ No _____

IN CASE OF EMERGENCY - Please list two people to contact in case of emergency.

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

Primary Physician _____ Name of Clinic _____

Insurance Information _____

Choice of Hospital _____ Phone Number _____

Choice of Dentist _____ Phone Number _____

DOES YOUR CHILD HAVE:

1. ALLERGIES to food, medication, other.....YES NO
If "YES," please list: _____

2. ASTHMA?.....YES NO
If "YES," please list triggers: _____

3. OTHER HEALTH CONCERNS?.....YES NO
If "YES," please list: _____

Parent/Guardian Permission

I give permission for my child to attend the PCYC Cleveland Park Program in 2013. I understand that this is a drop-in program, and that my child may come and go from the program as they please. I give permission for my child to be seen for basic health services by PCYC staff, and for staff to transport my child to receive emergency medical attention if needed. I give permission for my child's enrollment information to be shared with partner organizations as needed (including NAZ, Cleveland Neighborhood Assn., and Minneapolis Park & Rec Board), and for my child to be photographed and/or videotaped within the context of the PCYC Cleveland Park Program 2013, for the purposes of advancing the mission of the organization.

Signature of Parent/Guardian _____ Date _____