



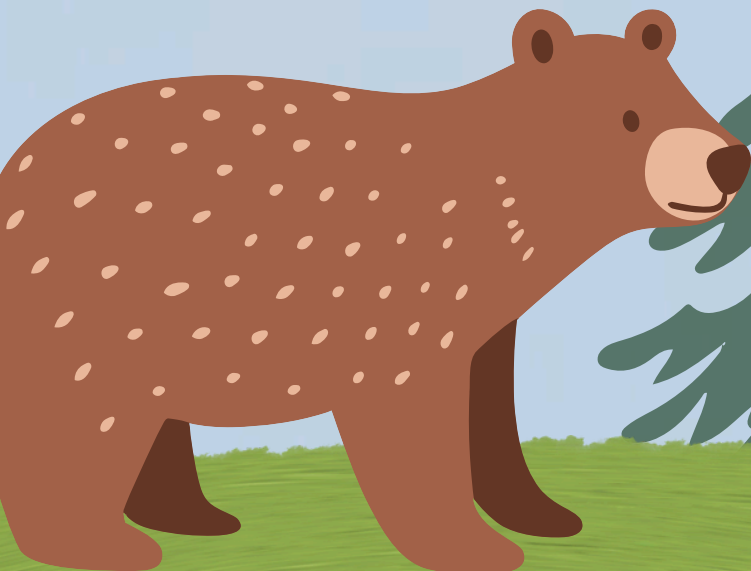
SLIPPERY ROCK AREA

PARKS
& RECREATION

SUMMER ADVENTURE

2026

CAMP



ABOUT CAMP

WHAT IS OFFERED?

Summer Adventure Camp is a childcare program that offers weekly thematic activities to the children of our local community. Each day, your child will be engaged in a variety of outdoor games, crafts, and activities.

WHAT IS THE COST?

The cost of Adventure Camp is \$105 a week per camp.

WHEN IS IT?

Adventure Camp operates from 9:00- 12:00 PM. The program will run weekly from June 15 to August 14.

Morning drop off hours run from 7:30- 8:45. The drop off location is the Recreational Building next to the Park Office.

For families who need additional care, we offer an Afternoon Extended Day program allowing campers to continue fun daily activities and adventures.

WHERE DOES CAMP TAKE PLACE?

The program is held at the Slippery Rock Area Park in the upper and lower pavilion areas.

WHO CAN ATTEND?

Adventure Camp welcomes children ages 4 to 10. Our programs are designed to be hands-on and age-appropriate to ensure that every camper has fun while learning in a safe and exciting environment.

WHAT IS EXTENDED DAY CARE?

Our extended day program is offered from 12:00-5:00 and allows children to continue the fun throughout the afternoon. Here children will be engaged in both indoor and outdoor activities such as field games, STEM/Science experiments, crafts, and water days.

AFTERNOON EXTENDED DAY COST:

- \$25.00 First Child
- \$22.00 Additional Child Rate

WHAT SHOULD MY CHILD BRING?

Children are asked to bring a water bottle with them every day. If your child is staying for the extended day, they will need to pack a daily lunch.

*A snack will be provided for children in both the morning and afternoon.





MORNING DROP OFF ROUTINE

From 7:30-8:45, campers will arrive at the Recreation Building, where they will sign in, put their lunches in the refrigerator if they are staying for the afternoon, fill up their water bottles, use the restroom, and enjoy a quick snack. At 8:45, everyone will walk together to the pavilion to begin the day's activities.

AFTERNOON EXTENDED DAY:

Campers will have lunch from 12:00 to 1:00 p.m., followed by field games from 1:00 to 2:00 p.m. From 2:00 to 3:30 p.m., there will be a snack break and indoor activities along with bathroom breaks and water refills. Finally, from 3:30 to 5:00 p.m., campers will enjoy field games and free play.

AFTERNOON ACTIVITIES SCHEDULE

- 12:00-1:00 Lunch in Pavilion
- 1:00-2:00 Field Games
- 2:00-3:00 Snack/Indoor Activities
- 3:00-4:00 Special Daily Activity
- 4:00-5:00 Free Play at Playground

SPECIAL DAY ACTIVITIES:

- Monday: Arts & Crafts
- Tuesday: Science/STEM
- Wednesday: Park/Community Projects
- Thursday: Ice Cream
- Friday: Water Day

PLEASE ENSURE YOUR CHILD BRINGS A PACKED LUNCH AND A WATER BOTTLE EACH DAY. A LIGHT SNACK WILL BE PROVIDED IN BOTH THE MORNING AND AFTERNOON.

REGISTRATIONS & SCHEDULES

WHEN ARE REGISTRATIONS DUE?

Due to the limited number of spots in our weekly camps, we strongly encourage you to register your child for all of the camps they will be attending over the summer as early as possible. Additional camps can be added throughout the summer, space provided, but we require the registration to be completed and submitted **no later than the Monday prior to the week of camp, including their extended day care needs for that week. Afternoon Extended Care schedules must be completed upon registration for each camp.** Additional Extended Care days can be added as needed throughout the week, but they must be submitted **in writing to the office** either in person or thru email to **playsafe@srpark.org**. The additional day cost is \$30.

*There is a \$20 late fee for all schedules and payments received later than Monday, the week prior to the week of camp.

HOW DO I SUBMIT REGISTRATIONS AND SCHEDULES?

- **Email:** Submit a completed registration/schedule form to **playsafe@srpark.org**. The email must contain the child's name and the specific camps you are registering for as well as the pick up time for any extended day care needs.
- **In Person:** Schedules can be dropped off to the office during our regular business hours: Monday-Friday 7:30-3:30.
- **Office Drop Box:** Schedules may be dropped off in an envelope with the attached registration/schedule and payment. The child's name must be on the front of the envelop.

Please do not give registrations/schedules or payment to camp staff.

Deliver to office only.

Payments must be submitted with registrations/schedules.

PAYMENT

HOW DO I PAY?

Both Adventure Camp and the Extended Day Care programs are prepaid programs. If registering for multiple summer camps all at once at the beginning of the summer, you may choose to pay all at once. Otherwise, you will be invoiced and charged for each registered camp/extended day needs weekly. Invoices will be created and payments will be due the Monday prior to the week of camp.

If registering for camps as needed throughout the summer, your payments will be due the Monday prior to the week of camp with the submission of your camp/extended care schedule.

*There is a \$20 late fee for all schedules and payments received later than Monday, the week prior to the week of camp.

FORMS OF PAYMENT

- **Credit/Debit Card**- Cards are accepted over the phone or in person. We also have the option for families to keep a card on file. There will be an additional processing fee.
- **Check**- Checks should be made out to **SLIPPERY ROCK AREA PARKS AND REC.** All checks should have their **memo line filled out with your child's name and the specific Summer Adventure Camp.** If mailing checks, make sure to send early enough that we receive the payments on time.
- **Cash**- Cash is accepted at the park. However, as a nonprofit organization we do not carry change in the office, so you will need the exact amount. If you do not have exact change, the additional amount will be applied to your account as credit, which can be used for future payment.

***Please submit all cash and check to the Park Office.**

Do not give payments to camp staff!

If dropping off payment after 3:30, you may utilize our drop off box located on the outside of the front door.

REFUNDS

There are no refunds for our Adventure Camps or Extended Day programs unless the program is cancelled by the Park for reasons outside of our control. We have limited spaces for each weekly camp. We also staff based on the anticipated number of children scheduled each week to stay within state regulations.

If a situation presents itself, and your child is not able to come to camp or stay for their scheduled extended day, no refunds will be issued.

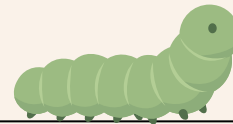
All payments are final.



ADVENTURE

BIG CAMPERS

Ages 7-10



<p>JUNE 15 - 19 STEM</p> <p>Chemical Reactions Mechanics Rube Goldberg Tesselations</p>	<p>JUNE 22 - 26 FANTASY</p> <p>Wizards Candyland Pokemon Super Heros</p>	<p>JUNE 29 - JULY 2 NATURE</p> <p>Eco-exploration Plant Power Nature Made Art Camping</p>
<p>JULY 6 - 10 MINECRAFT</p> <p>Potions Building Ender Dragon Pixel Art</p>	<p>JULY 13 - 17 ARTS & CRAFTS</p> <p>Shrinky Dinks Paper Mache Bracelets Tie-Dye</p>	<p>JULY 20 - 24 ANIMALS</p> <p>Life on the Farm Safari Dinos Desert</p>
<p>JULY 27 - 31 TIME TRAVEL</p> <p>Mayans Ancient Greece Ancient Egypt Renaissance</p>	<p>AUGUST 2 - 7 BEACH/OCEAN</p> <p>Ocean Layers Tectonic Plates Animals Water Games</p>	<p>AUGUST 10 - 14 PIRATE/TREASURE</p> <p>Read Maps Treasure Hunt Games Craft a Boat</p>

THEMES

LITTLE CAMPERS

4-6 Years Old

JUNE 15 - 19
SPACE

Stars
Planets
Galaxy Goo
Space Food

JUNE 22 - 26
DINOSAURS

Fossils
Identify Dinos
Dino Traits
Swim/Fly/Walk

JUNE 29 - JULY 2
RED, WHITE, & BLUE

USA History
Patriotic Crafts
USA Stories
Colors

JULY 6 - 10
OCEAN

Animals
Oceans of the World
Sharks
Water Activities

JULY 13 - 17
CAMPING

Read in a Tent
Cook S'mores
Read by Flashlight
Forest

JULY 20 - 24
FARM

Life on the Farm
Animals
What We Get From
Farms



JULY 27 - 31
NATURE

Bird Feeders
Plant Flowers
Paint Stones
Recycled Art



CONTACT US!



724-794-8180



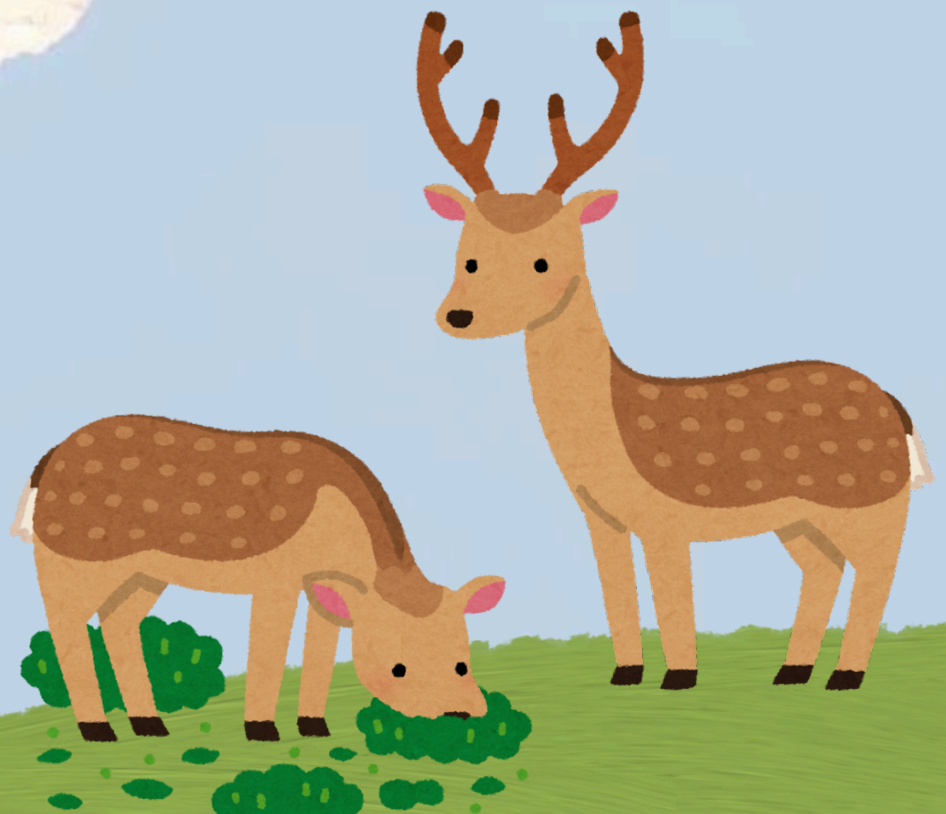
320 N Main St, Slippery Rock, PA



Slipperyrockgeneral@gmail.com



www.slipperyrockpark-rec.org



**Slippery Rock Area Parks & Recreation
Adventure Camp/ Extended Day
Parent Contract**

SCHEDULES & PAYMENT

- All Slippery Rock Area Parks & Recreation programs are prepaid programs.
- All payments and schedules are required to be submitted in advance.
- Schedules and payment are required to be turned in on Monday, one week prior to the week of service.
- There is a \$20 late fee for schedules received later than Monday, one week prior to the week of service. .
- There is a \$20 late fee for payment received later than Monday, one week prior to the week of service.

FORMS OF PAYMENT ACCEPTED

Credit Cards

- Can be paid over the phone or in the office
- You have the option of keeping your card on file for us to charge weekly for camps/Extended Care as needed

Checks

- Checks should be addressed to Slippery Rock Area Parks and Rec
- Write your child's name and camp name on the memo line
- If only scheduling for afternoon care, please write the week of care needed in the memo line

Cash

- Cash is accepted at the Park, however, payment needs to be exact
- If you do not have exact change, the extra amount will be credited to your child's account to use towards the next week of service
- Credit can only be applied to Adventure Camp or Extended Care. You cannot use any leftover credits towards other future programs such as swimming or gymnastics

OPTIONS FOR SUBMITTING SCHEDULES AND PAYMENT

- Email schedule to playsafe@srpark.org and pay by credit card or drop off payment to the office.
- Drop off schedule and payment to the office during business hours: Monday-Friday 7:30-3:30.
- Drop off schedule and payment to the office after business hours, placing schedule/payment in the drop off box on the outside of the front office door.
- Mail schedules and payment to 320 North Main Street, Slippery Rock, PA 16057.

**Slippery Rock Area Parks & Recreation
Adventure Camp/ Extended Day
Parent Contract**

- Please ensure you do this in advance to ensure your schedules/payment arrive by the Monday on which they are due.
- Fax schedule to 724-794-8181 and drop off payment/ call in credit card information.
- Payment must be attached to schedules.

★ PLEASE DO NOT ATTEMPT TO SEND MONEY AND SCHEDULES WITH YOUR CHILD OR HAND TO A CAMP COUNSELOR.

★ ALL PAYMENTS MUST COME TO THE OFFICE DIRECTLY FROM THE PARENTS.

REFUNDS

- There are no refunds for any Park program unless the program is cancelled for reasons beyond our control.
- All payments are final.
- We still request that you let us know if your child is unable to make camp or needs to leave early and cannot stay for their scheduled Extended Care, so we can safely monitor the anticipated group of children for the day.

I have read, understand, and agree to the above terms and conditions of the Summer Adventure Camp and Extended Care programs.

(Parent/ Guardian Signature)

(Date)

(Director/ Supervisor Signature)

(Date)

Date of Admission: _____

Date of Withdrawal: _____

**Slippery Rock Area Parks & Recreation
Adventure Camp/ Extended Care Financial Agreement**

Name of Child: _____ Age: _____ (one child per agreement)			
<p><u>Camp Rates</u></p> <p>Weekly: \$105 per camp</p> <p><small>*Rate includes a daily morning snack</small></p>	<p><u>Extended Care Rates</u></p> <p>First Child: \$25 Additional Child: \$22</p> <p><small>*Rate includes an afternoon snack</small></p>		
<p><u>Camp Schedule</u> Monday-Fridays 9:00-12:00</p> <p><u>Morning Drop Off:</u> 7:30-8:45</p> <p><small>*Drop off included in camp fee.</small></p>	<p><u>Optional Extended Care Schedule</u> Monday-Friday 12:00-5:00</p> <p><u>Available Pick Up Times:</u> 3:00, 4:00, 4:30-5:00</p> <p><small>*Extended Day is available to school-age children only</small></p>		
<u>ADDITIONAL RATES</u>			
<p>Registration Fee: \$25/ family Unscheduled Day Fee: \$30</p>		<p>Early/Late Pick Up Fee: \$10 Late Payment Fee: \$20</p>	
<p>I, the parent/guardian:</p> <p><input type="checkbox"/> Received complete written program information at the time of enrollment.</p> <p><input type="checkbox"/> Understand and agree to all of the terms and conditions of the Slippery Rock Area Parks & Rec program policies including scheduling and payment deadlines.</p> <p><input type="checkbox"/> Have completed the <u>Emergency Contact Form</u> in the registration paperwork to <i>its entirety</i>.</p>			
_____	_____	_____	_____
Signature of Parent/ Guardian	Date	Signature of Operator	Date
<p>Date of Admission: _____</p>		<p>Date of Withdrawal: _____</p>	

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH	
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)		NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME	ADDRESS
			TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____
Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)
 Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION
(Additional space on page 4)

Parent/guardian present during exam: Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical exam performed at: Personal Health Care Provider's Office <input type="checkbox"/> School <input type="checkbox"/> Date of exam _____ 20____
Print name of examiner _____
Print examiner's office address _____ Phone _____
Signature of examiner _____ MD <input type="checkbox"/> DO <input type="checkbox"/> PAC <input type="checkbox"/> CRNP <input type="checkbox"/>

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

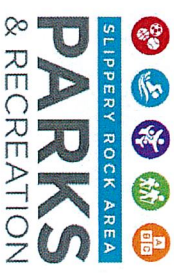
NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

ABOUT US

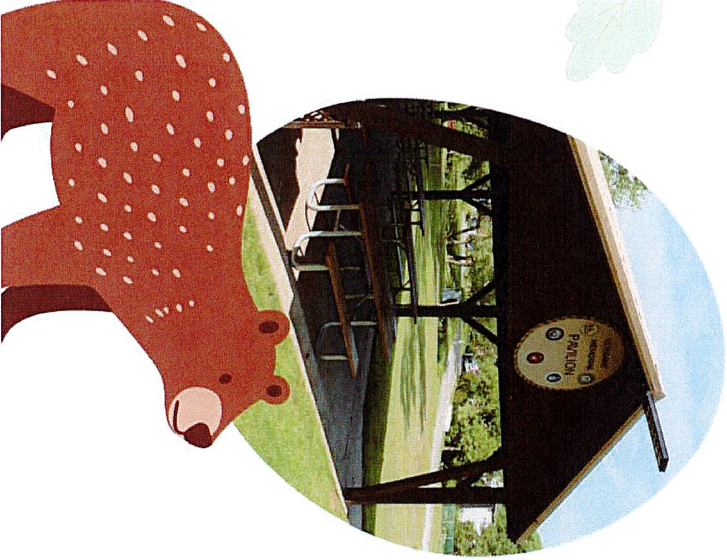
Summer Adventure Camp is a childcare program for children ages 6-10 in the SR community. Our weekly camps offer a variety of fun, hands-on activities, games, crafts, and more!

An Extended Day Care program is offered in the afternoons for families who are looking for all day care for their children.



WELCOME TO

SUMMER CAMP



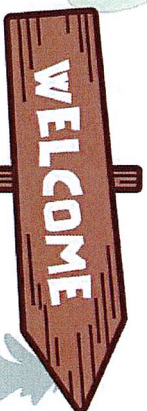
CONTACT US

724-794-8180

320 N Main St, Slippery Rock, PA

Slipperyrockgeneral@gmail.com

www.slipperyrockpark-rec.org



Join us for a fun-filled summer of learning, exploring, and growing!

REGISTRATION

- Pre-registration is required.
- All fees are nonrefundable unless a camp is canceled.
- Fees include materials & snacks
- Registration paperwork can be found on our website at slipperyrockpark-rec.org
- All registrations are due one week prior to the start of camp.

CAMP INFO

Location: SR Park

Cost: \$105 per week

Registration Fee: \$25/family

Time: Monday-Friday

9:00-12:00

Morning Drop Off:

7:30-8:45

*Included in camp rate

ADVENTURE CAMP 2026

BIG CAMPER

Ages 7-10

June 15-19: STEM

June 22-26: Fantasy Week

June 29-July 2: Nature

July 6-10: Minecraft

July 13-17: Arts & Crafts

July 20-24: Animals

July 27-31: Time Travelers

August 2-7: Beach/Ocean

August 10-14: Pirates/Treasure

LITTLE CAMPER

Ages 4-6

June 15-19: Space

June 22-26: Dinosaurs

June 29-July 2: Red, White, & Blue

July 6-10: Ocean

July 13-17: Camping

July 20-24: Farm

July 27-31: Nature

OPTIONAL

EXTENDED

DAY

Time:

- o 12:00 - 5:00

Rates:

- o \$25 - First Child
- o \$22 - Additional Children

For additional program information & to register your child, please visit our website at slipperyrockpark-rec.org