



www.monroeville.pa.us/165/Parks-Recreation



412-856-1006



\$20
per student



Monroeville recreation & Parks Presents

You Can't Catch Me I'm The
**GINGERBREAD
MAN**

AT DR. CLEVELAND STEWARD JR. ELEMENTARY

Thursday, December 7th, 2023

Afterschool-6:00pm

CRAFTS | ADVENTURES | GAMES

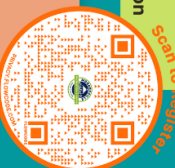
All participants must be students in good standing with the respective location. Space is limited. Registration is available on a first come first serve basis through Monroeville Recreation & Parks by 12/1/23.



WAYS TO REGISTER



ONLINE
If you have an existing household account with Monroeville Recreation & Parks, you can register online following the link/QR code below.
<https://www.monroeville.pa.us/165/Parks-Recreation>



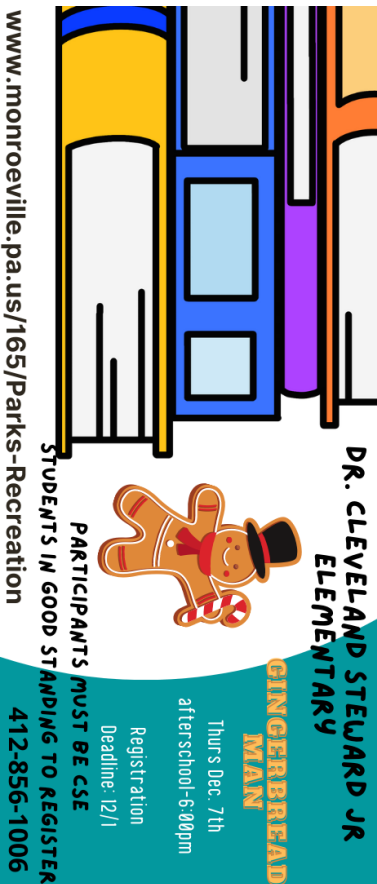
IN PERSON
Come into our office **Monday-Friday 9am-4pm** located in the Monroeville Municipal building at **2700 Monroeville Blvd, Monroeville, PA 15146**



VIA MAIL
Don't have an account? Or Can't make it in during business hours? Complete the household information form & program registration form provided and mail to address provided with payment included.



VIA FAX
Want your registration to reach us sooner, because space is limited? Fill out the household information form & program registration form provided and fax to **412-856-2353**. (Fax is secure and comes directly to Recreation & Parks Department.)



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**DR. CLEVELAND STEWARD JR
ELEMENTARY**
GINGERBREAD MAN
Thurs Dec. 7th
after school - 6:00pm
Registration
Deadline: 12/1
**PARTICIPANTS MUST BE CSE
STUDENTS IN GOOD STANDING TO REGISTER**
412-856-1006



Household Information Form
For quick program registration in the future, please complete this form and return to the recreation office. This form must be completed to register for a program. Form will only need to be completed once.



Names (First and Last Name)	Gender	Birth date (mm/dd/yy)	Resident or Nonresident
Household Primary 1.			
Household Secondary 2.			
Children should be listed in numbers 3 - 7.			
3.			
4.			
5.			
6.			
7.			

Please Print Legibly

Household Address: _____ City & Zip: _____

Home Number: _____ Cell Number: _____ Primary Work Number: _____

Primary's E-mail Address: _____ Policy Number: _____

Insurance Company: _____ Work Number: _____

Emergency Contact: _____ Name: _____ Home Number: _____

The undersigned individual, (parent or guardian if under age of 18) represents that the registrant is in good health and can participate in activities and with prior knowledge of the physical nature of the activity, releases Monroeville Department of Recreation and Parks Municipality of Monroeville, and the Gateway School District from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian or participant assumes all risks inherent in the activity and will hold the Monroeville Recreation Department, Municipality of Monroeville, and the Gateway School District harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Monroeville Department of Recreation and Parks to use photographs of the participant for the promotion of Monroeville Recreation and Parks events and programs. The participants agree to hold Monroeville free and harmless from liability of any nature.

Household Primary Signature _____ Date _____

Program Registration Form

Full payment is due at the time of registration. PLEASE PRINT LEGIBLY
Please be aware that mail-in and faxed registration will not receive confirmation by the office.

PARTICIPANTS FULL NAME (Same Household)	PROGRAM (Swim registrations must have level indicated)	CODE/SECTION	PROGRAM FEE	ADDITIONAL FEES		TOTAL PER PROGRAM
				NON RESIDENT \$10 Fee	LATE FEE	
1.						
2.						
3.						
TOTAL PAID						

Please make checks payable to: MUNICIPALITY OF MONROEVILLE

Mail forms with full payment to: Monroeville Recreation, Parks, and Human Services
2700 Monroeville Boulevard
Monroeville, PA 15146
Phone Number: (412) 856-1006
*Fax Number: (412) 856-2353
*Tax registrations must pay by credit card with signature required for processing

NAME AS IT APPEARS ON CREDIT CARD _____ SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____ CVC: _____

PLEASE CHECK ONE: VISA MASTER CARD DISCOVER

HANDICAPPED ASSISTANCE AVAILABLE UPON REQUEST