## **KID'S CONNECTION**

Center: Mon Valley Youth and Teen Center 160 Thompson Avenue Donora, PA 15033 724.379.4889

## CHARITY OF EXCELLENCE FOR WCCF

## A Partner Agency of the Mon Valley United Way

Kid's Connection will be held on Tuesdays / Wednesdays directly after school until 6:00 P.M. for children grades K- 4<sup>th</sup>. Kid's Connection is held at the Mon Valley Youth and Teen Center, 160 Thompson Avenue, Donora, PA 15033. The starting date is Tuesday, October 21, 2024.

Transportation will be arranged with the Ringgold School District to bus your children to the Center although transportation home is the responsibility of the parent or guardian.

Kid's Connection provides the children with a nutritious meal upon arrival. They will receive limited assistance with their homework, create arts and crafts, play games, and other fun activities.

The Kid's Connection program fee is \$15.00 per month per child AND a yearly membership (\$5.00 individual or \$10.00 family) fee is required.

Space is limited. Please call 724-379-4889 to register and leave a message.

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Yearly membership fee is to be paid in October and Program fee will start in November.



## Kid's Connection Permission

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| TVI y Cliffu  | has permission to attend the                  |
|---|---|
| Kid's Connection program at   | the Youth and Teen Center. I understand my    |
| child will be transported to th   | e Center by the Ringgold School District.     |
|   | inst the Mon Valley Youth and Teen            |
|   | all causes which may arise in connection with |
| this program. In case of apparent illness or accident, I desire that my child be taken to the nearest hospital and given medical treatment. I expect to |   |
|   |   |
| photographed for promotiona   | I material for MVYATA.                        |
| Child's Name  |   |
|   |   |
|   | Any food allergies                            |
|   |   |
| Parent/Guardian Name  |   |
|   |   |
| Address   |   |
| Address   |   |
| Phone   |   |
| Second contact nerson   | Phone   |
| become contact person   | 1 none  |
| Parent Signature  | Date  |
| Email Address   |   |
| Liliuli / Iddi Coo  |   |