

# CYO/BROMLEY NEIGHBORHOOD CENTER

1801 East State Street  
Hamilton  
(609) 587 - 8100  
cyobromley.org



## ANNOUNCES

### SUMMER 2021 FOOD SERVICE PROGRAM



WHAT: Lunch served week days  
June 21st through August 13st

WHERE: CYO Bromley Neighborhood Center

WHO: Bromley Neighborhood Children  
Ages 5 to 14



TIME: 12:00 pm - 2:00pm

***This is a FREE Program!***

**GRAB AND GO MEALS**

**For More Information, call 609-587-8100**



# CYO Bromley Neighborhood Community Center



## Summer Food Service Program

### Application

2021



Parent's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

### Emergency Contact Information

The following person(s) are authorized to be contacted in case of an emergency if I cannot be reached.

\_\_\_\_\_  
Name Phone # Relationship to Child

\_\_\_\_\_  
Name Phone # Relationship to Child

Please Complete Both Sides of this Form



**Food Allergies**

Please list any food allergies, health issues, or special circumstances that we should be aware of:

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**Acknowledgement of Risk/Wavier and Release**

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognize that there are certain risks of physical injury in any activity and I hereby assume full responsibility for any expenses incurred as a result in my child's participation in the CYO Summer Food Service Program. I agree to A) waive and relinquish: B) fully release and discharge; and C) indemnify and hold harmless the CYO of Mercer County, CYO Bromley Neighborhood Community Center, and Hamilton Township and their officers, agents, and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Bromley Summer Food Service Program.

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Signature of Parent or Guardian

Date

**Photo/Video Release**

I give \_\_\_\_/do not give \_\_\_\_ the CYO Bromley permission to use any photographs or video of my child for any promotional or other legitimate reason, including newspapers, brochures, website, Facebook, etc.

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Signature of Parent or Guardian

Date