

PLAYGROUND PROGRAMS

Designed for youth ages 3-12 who will be split into two different age groups: ages 3-6 (must be potty-trained and must be 3 by January 1, 2024), and ages 7-12. The activities, led by fun, outgoing staff, will center around a different theme each week and will include arts and crafts, games, sports, story time, singing and activities.

*Please note that inclement weather days will be cancelled. *Registration deadline is one week prior to the session.*

Mornings: 9-11:30 a.m.

\$47 New Hope residents

\$54 Nonresidents

Mondays and Wednesdays, June 24-July 17

(No program July 1-3)

113901-C1 Ages 3-6 Holiday Park

113901-C2 Ages 7-12 Holiday Park

Tuesdays and Thursdays, June 25-July 18

(No program July 2-4)

113901-C5 Ages 3-6 Hidden Valley Park

113901-C6 Ages 7-12 Hidden Valley Park

Mondays and Wednesdays, July 22-August 7

113901-D1 Ages 3-6 Holiday Park

113901-D2 Ages 7-12 Holiday Park

Tuesdays and Thursdays, July 23-August 8

113901-D5 Ages 3-6 Hidden Valley Park

113901-D6 Ages 7-12 Hidden Valley Park

Park Locations:

Hidden Valley Park, 8800 32nd Ave N, New Hope

Holiday Park, 9024 47th Ave N, New Hope

Afternoons: 1-3:30 p.m.

\$47 New Hope residents

\$54 Nonresidents

Mondays, June 24-August 5

(No program 7/1)

113902-C1 Ages 3-6 Hidden Valley Park

113902-C2 Ages 7-12 Hidden Valley Park

Tuesdays, June 25-August 6

(No program 7/2)

113902-C3 Ages 3-6 Hidden Valley Park

113902-C4 Ages 7-12 Hidden Valley Park



Register : New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428
763-531-5151

Online: webtrac.nhrecexpress.com

Refunds, program credits and transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account.

Playground Programs - Summer 2024

Child's Name _____ Phone(h) _____ (c) _____

Address _____ City _____ Zip _____

Email Address _____ Special Need _____

Birthdate _____ Activity _____ Course # _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Parent or Guardian's Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Zip Code _____