

# EARLY LEARNING DAY CAMP 2016

CAMP 2016	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>WEEK ONE!!</b> 	<b>27) WELCOME TO CAMP MAKE A NEW FRIEND</b> 	<b>28) Grab a Friend and Dance along with DJ MIKE</b> 	<b>29) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>30) ICE-POP BONANZA</b> 	<b>1) Pizza Friday</b> 
<b>WEEK TWO!!</b>	<b>4) No Camp Please Have A Safe and Happy 4<sup>th</sup> of July!!</b> 	<b>5) SPORTS WITH JOANN</b> 	<b>6) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>7) EGG HUNT</b> 	<b>8) Pizza Friday</b> 
<b>WEEK THREE!!</b>	<b>11) DUNK TANK! Get ready to get wet!</b> 	<b>12) CAMP BINGO</b> 	<b>13) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>14) Bubble Day</b> 	<b>15) Pizza Friday</b> 
<b>WEEK FOUR!!</b>	<b>18) Bubble Man Bubble Mania</b> 	<b>19) FAVORITE BOOK DAY !!</b> 	<b>20) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>21) Halloween in July</b> 	<b>22) Pizza Friday</b> 
<b>WEEK FIVE!!</b>	<b>25) CAMPER'S CARE LET'S DO IT</b> Set up for the tag sale PLEASE support this cause and drop off your Donations !!!!!!!	<b>26) CAMP LUAU</b> 	<b>27) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>28) LETTERS TO HOME</b> 	<b>29) Pizza Friday</b> 
<b>WEEK SIX!!</b>	<b>1)CAMP CARNIVAL</b> 	<b>2) Color Wars!</b> 	<b>3) CAMP SWIM DAY DROP OFF AT THE POOL</b> 	<b>4) ICE CREAM SUNDAE DAY!!!!</b> 	<b>5) Last Day Of Camp 2016!! Rock the day away with Friends &amp; Staff and DJ MIKE and an ICE -POP BONANZA</b>

# HASTINGS RECREATION AND PARKS DEPARTMENT

## EARLY LEARNING DAY CAMP

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE IN SEPT: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S NAME: \_\_\_\_\_

GUARDIAN'S PHONE/CELL: \_\_\_\_\_ GUARDIAN'S PHONE/CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # (must be local): \_\_\_\_\_

CHILD'S PHYSICIAN NAME AND PHONE \_\_\_\_\_

E-Mail Address: (Please print clearly) \_\_\_\_\_

HILLSIDE GROUP FRIEND REQUEST \_\_\_\_\_

**EARLY BIRD REGISTRATION:** April 1st through April 29, 2016. **REGULAR REGISTRATION:** Begins May 1, 2016 Additional weeks must be paid three (3) days in advance, keeping in mind that all camps are limited in number of participants and subject to closure. Full fee must be paid at time of registration. Payment may be made with a check payable to the Village of Hastings or credit cards accepted.

### EARLY LEARNING (CHILDREN ENTERING KINDERGARTEN)

9:00 AM - 1:00 PM



	EARLY BIRD	REGULAR
	\$450 FULL SEASON	\$475
	\$90 WEEKLY	\$100
___ 1 <sup>st</sup> Week:	June 27, 28, 29, 30, 1	
___ 2 <sup>nd</sup> Week:	July 5, 6, 7, 8	
___ 3 <sup>rd</sup> Week:	July 11, 12, 13, 14, 15	
___ 4 <sup>th</sup> Week:	July 18, 19, 20, 21, 22	
___ 5 <sup>th</sup> Week:	July 25, 26, 27, 28, 29	
___ 6 <sup>th</sup> Week:	Aug. 1, 2, 3, 4, 5	



### MEDICAL HISTORY- IMMUNIZATION RECORD

Required by the New York State Health Department.

All shots must be up-to-date. Children will not be admitted to camp unless medical information is complete

**A hard copy of all Immunizations and Shots  
from each child's physician MUST be provided.**

In consideration of you accepting this registration form, I the undersigned for myself, my executors, administrators And assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action , and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

PARENT OR GUARDIAN SINGNATURE: \_\_\_\_\_  
 FOR OFFICE USE ONLY CK#/CC \_\_\_\_\_ CK AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_

## **NON- RESIDENT**

### **HASTINGS RECREATION AND PARKS DEPARTMENT EARLY LEARNING DAY CAMP**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE IN SEPT: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S PHONE/CELL: \_\_\_\_\_ MOTHER'S PHONE/CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # (must be local): \_\_\_\_\_

CHILD'S PHYSICIAN NAME AND PHONE \_\_\_\_\_

E-Mail Address: (Please print clearly) \_\_\_\_\_

HILLSIDE GROUP FRIEND REQUEST \_\_\_\_\_

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### **EARLY LEARNING (CHILDREN ENTERING KINDERGARTEN)**

9:00 AM - 1:00 PM

FULL SEASON \$575

WEEKLY \$125

\_\_\_ 1<sup>st</sup> Week: June 27, 28, 29, 30, 1

\_\_\_ 2<sup>nd</sup> Week: July 5, 6, 7, 8

\_\_\_ 3<sup>rd</sup> Week: July 11, 12, 13, 14, 15

\_\_\_ 4<sup>th</sup> Week: July 18, 19, 20, 21, 22

\_\_\_ 5<sup>th</sup> Week: July. 25, 26, 27, 28, 29

\_\_\_ 6<sup>th</sup> Week: Aug. 1, 2, 3, 4, 5



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PARENT OR GUARDIAN SINGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY CK#/CC \_\_\_\_\_ CK AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_

# EARLY RISER CAMP PROGRAM

This program is designed to help working parents who need additional childcare

Prior to the 9:00 am camp day

Activities will include arts & crafts, sports & games

When: Monday-Friday for 6 weeks

Times: 7:30 A.M- 9:00 A.M

Who: Early Learning /Hastings Campers

Where: Hastings High School Cochran Gym

Starting: Monday June 29<sup>th</sup> thru Friday August 7<sup>th</sup>

Registration: James Harmon Community Center

Any questions please contact Lisa O'Reilly at 478-2380 ext 642  
Or via e-mail [loreilly@hastingsgov.org](mailto:loreilly@hastingsgov.org)

Daily \$20

Weekly \$70

Full Season \$400



Name: \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency#: \_\_\_\_\_

In consideration of you accepting this registration form, I the undersigned, for myself, my executors, administrators and assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action, and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

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**PARENT OR GUARDIAN SIGNATURE**

# Young Explorers

This program is designed to help working parents who need additional childcare after camp. Activities will include arts & crafts, games, and swimming.

**When: Monday-Friday for 6 weeks**

**Time: 1 p.m.-3 p.m.**

**Who: Early Learning Campers**

**Where: Early Learning Camp**

**Starting: Monday, June 27<sup>th</sup> through Friday, August 5<sup>th</sup>**

**Registration: James Harmon Community Center**

**If you have any questions, please contact Lisa O'Reilly at 478-2380, ext 642 or via e-mail [loreilly@hastingsgov.org](mailto:loreilly@hastingsgov.org)**

**Daily- \$20**

**Weekly- \$75**

**Full Season- \$410**

**Name: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**E-Mail: \_\_\_\_\_**

**Emergency Contact & Number: \_\_\_\_\_**

In consideration of you accepting this registration form, I the undersigned, for, myself, my executors, administrators, and assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action, and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

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**Parent or Guardian Signature**



Hastings Recreation Department  
Hastings Camp

**DISMISSAL PERMISSION SLIP**

Once camp has been dismissed, I give my child \_\_\_\_\_ permission to:

(Please Circle) Walk Home

Primarily be picked up by \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

I ALSO give the following people permission to pick up my child from camp:

Name: \_\_\_\_\_

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**SWIMMING PERMISSION SLIP**

Water Exploration will be taught by Water Safety Instructors (WSIs) and lifeguards. Water Exploration will take place in the main Hastings pool. In order for your child to participate in Water Exploration, please sign the following permission slip. For more information on Water Exploration, please refer to the Parent/Camper Manual. Please return the signed slip with your camp application.

I wish to have my child \_\_\_\_\_ participate in Water Exploration

\_\_\_\_\_  
Parent or Guardian

I ***DO NOT*** wish to have my child \_\_\_\_\_ participate in Water Exploration.

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Parent or Guardian

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**PHOTO RELEASE FORM**

I give my permission for photos or video tapes to be taken of my child and for my child's name to be used in television reports or newspaper articles for the promotion of The Village. I also give permission for my child's photo to be used on Village brochures/fliers or the web page for publicity. I understand that if my child is involved, there will be no financial payment to me or my child.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_