

THE VILLAGE OF HASTINGS ON HUDSON
RECREATION DEPARTMENT

AFTERSCHOOL REGISTRATION FORM

Childs Name: _____ Grade: _____

Address: _____ School Dismissal Route: _____

Phone #: _____ Bus # _____ Pick up _____

Teacher: _____

Class #1: _____	Course Day:	M	T	W	TH	F
Class #2: _____	Course Day:	M	T	W	TH	F
Class #3: _____	Course Day:	M	T	W	TH	F

Required Information

Parent(s) Name: _____ Cell #: _____

Work #: _____ E-mail address: _____

Allergy Information: _____

Pick up information: Pick up Walk Add Water and Stir Aspire

Emergency Contact Information: (Must be someone other than a parent)

#1 Name: _____ Phone #: _____ Cell #: _____

#2 Name: _____ Phone #: _____ Cell #: _____

Method of Payment: Check # _____ Credit _____