

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

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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 _____