



EARLY LEARNING 2020



CHILD'S NAME: _____ ADDRESS: _____

GRADE IN SEPT: _____ DOB _____ AGE _____ GENDER _____

E-MAIL ADDRESS: (PLEASE PRINT CLEARLY) _____

GUARDIAN'S NAME: _____ GUARDIAN'S PHONE/CELL: _____

GUARDIAN'S NAME: _____ GUARDIAN'S PHONE/CELL: _____

EMERGENCY CONTACT NAME & PHONE # (MUST BE LOCAL): _____

EARLY BIRD REGISTRATION: April 1st through April 30, 2020 REGULAR REGISTRATION: Begins May 1, 2020 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. The Recreation Department believes that every resident should have the opportunity to benefit from our programs. Financial assistance is available to qualifying individuals for more information please contact the Superintendent Aaron Podhurst

CAMP

CHILDREN ENTERING KINDERGARTEN

AFTERCAMP

9:00 AM - 1:00 PM

1:00 P.M. TO 3:00 P.M.

EARLY BIRD REGULAR

\$475 FULL SEASON \$525

\$100 WEEKLY \$125

1st Week: June 29,30,1,2

2nd Week: July 6,7,8,9,10

3rd Week: July 13,14,15,16,17

4th Week: July 20, 21, 22, 23, 24

5th Week: July 27, 28, 29, 30, 31



DAILY: \$25 (Circle dates)

WEEKLY: \$125

FULL SEASON: \$500

1st Week: June 29,30,1,2

2nd Week: July 6,7,8,9,10

3rd Week: July 13,14,15,16,17

4th Week: July 20, 21, 22, 23, 24

5th Week: July 27, 28, 29, 30, 31

IMPORTANT

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****NO REGISTRATION WILL BE ACCEPTED WITHOUT**

IMMUNIZATION RECORDS**

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 SIGNED BY A 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 SIGNATURE: _____

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



NON-RESIDENTS EARLY LEARNING 2020



CHILD'S NAME: _____ ADDRESS: _____

GRADE IN SEPT: _____ DOB _____ AGE _____ GENDER _____

E-MAIL ADDRESS: (PLEASE PRINT CLEARLY) _____

GUARDIAN'S NAME: _____ GUARDIAN'S PHONE/CELL: _____

GUARDIAN'S NAME: _____ GUARDIAN'S PHONE/CELL: _____

EMERGENCY CONTACT NAME & PHONE # (MUST BE LOCAL): _____

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CAMP
9:00 AM - 1:00 PM

FULL SEASON	\$575
WEEKLY	\$175

1st Week: June 29,30,1,2
 2nd Week: July 6,7,8,9,10
 3rd Week: July 13,14,15,16,17
 4th Week: July 20, 21, 22, 23, 24
 5th Week: July 27, 28, 29, 30, 31



AFTERCAMP
1:00 P.M. TO 3:00 P.M.

DAILY: \$25 (Circle dates)
 WEEKLY: \$125
 FULL SEASON: \$500

1st Week: June 29,30,1,2
 2nd Week: July 6,7,8,9,10
 3rd Week: July 15,16,17,18,
 4th Week: July 20, 21, 22, 23, 24
 5th Week: July 27, 28, 29, 30, 31

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PARENT OR GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY CK#/CC _____ CK AMT: _____ DATE: _____ INITIAS: _____ TOTAL FEES: _____