

EARLY LEARNING 2020



CHILL DIG WHENT	DDHAAA			
CHILD'S NAME:	ADDKE22:			
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	GUARDIAN'S PHONE/CELL:		
EMERGENCY CONTACT NAME & PHONE # (MUS	ST BE LOCAL):			
must be paid three (3) days in advance, keeping in must be paid at time of registration. Payment may Recreation Department believes that every resident qualifying individuals for more information please c	mind that all camps are limited in numly be made with a check payable to the V should have the opportunity to befit from	Tillage of Hastings or credit cards accepted. The n our programs. Financial assistance is available to t		
9:00 AM - 1:00 PM		1:00 P.M. TO 3:00 P.M.		
EARLY BIRD REGULAR		DAILY: \$25 (Circle dates)		
\$475 FULL SEASON \$525		WEEKLY: \$125		
\$100 WEEKLY \$125		FULL SEASON: \$500		
1 St Week: June 29,30,1,2	%	1 St Week: June 29,30,1,2		
2 ND Week: July 6,7,8,9,10	\$ 760 00	2 ND Week: July 6,7,8,9,10		
3 ^{rd.} Week: July 13,14,15,16,17 4 th Week: July 20, 21, 22, 23, 24		3 ^{rd.} Week: July 13,14,15,16,17 4 th Week: July 20, 21, 22, 23, 24		
5th Week: July 27, 28, 29, 30, 31		5th Week: July 27, 28, 29, 30, 31		
IMPORTANT		IMPORTANT		
shutterstock.com • 1323212705		PTED WITHOU, htterstock.com + 1323212705		
	MUNIZATION RECOR			
•	NEW YORK STATE HEADATE CHILDREN WILL	ALTH DEPARTMENT. NOT BE ADMITTED TO CAMP		
		TE A HARD COPY OF ALL		
IMMUNIZATIONS SIG	GNED BY A PHYSICIAN	MUST BE PROVIDED.		
In consideration of you accepting this regist And assignees, do hereby and discharge Ha representative and successors from all clair manner arising or growing out of my participate in this program.	stings Recreation Department, and soft damages, demands, action,	nd any and all sponsors, organizers and the and causes of actions whatsoever, in any		
PARENT OR GUARDIAN SINGNATURE:				
FOR OFFICE USE ONLY CK#/CC CK AM	T:DATE:INITALS:	TOTAL FEES:		



NON-RESIDENTS EARLY LEARNING 2020



CHILD'S NAME:			_ADDRESS:			
GRADE IN SEPT:	DOB	AGE	GENDER			
E-MAIL ADDRESS: (PLEAS)	E PRINT CLEARLY)					
GUARDIAN'S NAME:		GT	JARDIAN'S PHONE/CEI	LL:		
GUARDIAN'S NAME:		GUARDIAN'S PHONE/CELL:				
EMERGENCY CONTACT NA	ME & PHONE # (MUS	ST BE LOCAL):				
number of participants and significant village of Hastings or credit programs. Financial assistant GA 9:00 AT FULL Significant WEEKL1St Week: Jure2ND Week: Jure3rd. Week: Jure4th Week: Jure	subject to closure. Full cards accepted. The Rece is available to qualif MP CHIL M - 1:00 PM SEASON \$575 Y \$175 ne 29,30,1,2 ly 6,7,8,9,10	fee must be paid at creation Department ying individuals for	time of registration. Pa believes that every resi	ayment may be madent should have to contact the Supering Ist Week:	that all camps are limited in de with a check payable to the he opportunity to befit from our ntendent Aaron Podhurst AFTERCAMP 1:00 P.M. TO 3:00 P.M. DAILY: \$25 (Circle dates) WEEKLY: \$125 FULL SEASON: \$500 June 29,30,1,2 July 6,7,8,9,10 July 15,16,17,18, July 20, 21, 22, 23, 24 July 27, 28, 29, 30, 31	
IMPORTANT		:	*		IMPORTANT	
*NO REGISTRATION WILL BE ACCEPTED WITHOUT						
shutterstock.com • 1323212705 IMMUNIZATION RECORDS**						
			STATE HEALT			
			S COMPLETE	_	IITTED TO CAMP	
			PHYSICIAN M			
In consideration of you a	accepting this regist y and discharge Has essors from all clain ng out of my partici am.	ration form, I the stings Recreation ns of damages, d pation in said pr	e undersigned for man Department, and a emands, action, and ogram. I further atte	yself, my execu any and all spon d causes of action est that I am ph	tors, administrators sors, organizers and their ons whatsoever, in any	
FOR OFFICE USE ONLY CK#	/CCCK AMT	:DATE:	INITIAS:	TOTAL FE	ES:	