



# NON-RESIDENTS EARLY LEARNING 2024



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): \_\_\_\_\_

**REGISTRATION:** Begins April 1, 2024, Additional weeks must be paid three (3) days in advance, keeping in mind that all camps are limited in the number of participants and subject to closure. The full fee must be paid at the 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 Program.

## Children Entering Kindergarten

9 am -1 pm

FULL SEASON \$675

WEEKLY \$275



- ☐ 1<sup>st</sup> Week: July 1,2,3,5
- ☐ 2<sup>nd</sup> Week: July 8,9,10,11,12
- ☐ 3<sup>rd</sup> Week: July 15,16,17,18,19
- ☐ 4<sup>th</sup> Week: July 22,23,24,25,26
- ☐ 5<sup>th</sup> Week: July/Aug 29,30,31,1,2



## **\*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 discharge Hastings Recreation Department, and any 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **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: \_\_\_\_\_

## **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. 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 \_\_\_\_\_ in Water.  
Exploration. participate



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

\_\_\_\_\_  
Date

## **PHOTO RELEASE FORM**

I give my permission for photos or videotapes 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 permit 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 \_\_\_\_\_



## Sunscreen Permission Slip 2024

I permit my child, \_\_\_\_\_, to carry sunscreen at camp.  
I understand that I will provide sunscreen for my child(ren).

**Please check all that apply.**

- ☐ I will apply sunscreen on my child before they come to camp each day.
- ☐ Please allow my child to apply his/her sunscreen, as needed.
- ☐ Please apply sunscreen on my child when a child requests an application.

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

\_\_\_\_\_  
Date