NON-RESIDENTS EARLY LEARNING SUMMER CAMP 2018

VIIII V IVIIII	DOB:		AGE:
ADDRESS:	PHONE:	SEX:	GRADE IN SEPT:
FATHER'S NAME:			MOTHER'S NAME:
FATHER'S PHONE/CELL:	MOTHER'S PHONE/CELL:		
EMERGENCY CONTACT NAME & PHONE # (must be loca	al):		
CHILD'S PHYSICIAN NAME AND PHONE			
C-Mail Address: (Please print clearly)			
HILLSIDE GROUP FRIEND REQUEST			
EARLY BIRD REGISTRATION: April 2nd through April paid three (3) days in advance, keeping in mind that all car at time of registration. Payment may be made with a check	mps are limited in number of participants a	nd subject	to closure. Full fee must be
EARLY BIRD REGISTRATION: April 2nd through April paid three (3) days in advance, keeping in mind that all care time of registration. Payment may be made with a check	mps are limited in number of participants a	nd subject to cards acce	to closure. Full fee must be pted.
EARLY BIRD REGISTRATION: April 2nd through April paid three (3) days in advance, keeping in mind that all can at time of registration. Payment may be made with a check	mps are limited in number of participants a payable to the Village of Hastings or credit	nd subject to cards acce	to closure. Full fee must be pted. P.M. TO 3:00 P.M.
EARLY BIRD REGISTRATION: April 2nd through April paid three (3) days in advance, keeping in mind that all cause time of registration. Payment may be made with a check	mps are limited in number of participants a payable to the Village of Hastings or credit	nd subject to cards acce	to closure. Full fee must be pted.
PEARLY BIRD REGISTRATION: April 2nd through April 2nd three (3) days in advance, keeping in mind that all cannot time of registration. Payment may be made with a check 9:00 AM - 1:00 PM FULL SEASON \$575 Weekly \$175 1st Week: June 25, 26, 27, 28, 29 2nd Week: July 2, 3, 5, 6	mps are limited in number of participants a payable to the Village of Hastings or credit	nd subject to cards acce 1:00 F _1st Week: _2ndWeek:	to closure. Full fee must be pted. P.M. TO 3:00 P.M. Daily \$20 ULL SEASON \$500 WEEKLY \$125 June 25, 26, 27, 28, 29 July 2, 3, 5, 6
PEARLY BIRD REGISTRATION: April 2nd through April 2nd three (3) days in advance, keeping in mind that all care time of registration. Payment may be made with a check 9:00 AM - 1:00 PM FULL SEASON \$575 Weekly \$1751st Week: June 25, 26, 27, 28, 292nd Week: July 2, 3, 5, 63rd Week: July 9, 10, 11, 12, 13	mps are limited in number of participants a payable to the Village of Hastings or credit	nd subject to cards acce 1:00 F _1st Week: _2ndWeek: _3rdWeek:	P.M. TO 3:00 P.M. Daily \$20 ULL SEASON \$500 WEEKLY \$125 June 25, 26, 27, 28, 29 July 2, 3, 5, 6 July 9, 10, 11, 12, 13
PEARLY BIRD REGISTRATION: April 2nd through April 2nd three (3) days in advance, keeping in mind that all cannot time of registration. Payment may be made with a check 9:00 AM - 1:00 PM FULL SEASON \$575 Weekly \$175 1st Week: June 25, 26, 27, 28, 29 2nd Week: July 2, 3, 5, 6	mps are limited in number of participants a payable to the Village of Hastings or credit	nd subject to cards acce 1:00 1:00 F _1st Week: _2ndWeek: _3rdWeek: _4thWeek:	to closure. Full fee must be pted. P.M. TO 3:00 P.M. Daily \$20 ULL SEASON \$500 WEEKLY \$125 June 25, 26, 27, 28, 29 July 2, 3, 5, 6

A hard copy of all Immunizations and Shots

from each child's 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 SINGNATURE:				
FOR OFFICE USE ONLY CK#/CC	CK AMT:	DATE:	INITALS:	TOTAL FEES

EARLY LEARNING SUMMER CAMP 2018

CHILD'S NAME:	DOB:		A ge
ADDRESS:	PHONE:	SEX:	GRADE IN SEPT:
GUARDIAN'S NAME:	GUARDIAN'S NAME:		
GUARDIAN'S PHONE/CELL:	GUARDIAN'S PHONE/CELL:_		
EMERGENCY CONTACT NAME & PHONE # (must be le	ocal):		
CHILD'S PHYSICIAN NAME AND PHONE			
E-Mail Address: (Please print clearly)			
EARLY BIRD REGISTRATION: April 3rd through must be paid three (3) days in advance, keeping in mind to be paid at time of registration. Payment may be made w	that all camps are limited in number of parith a check payable to the Village of Hasti	ticipants and ngs or credit	subject to closure. Full fee must
CHILDRI	EN ENTERING MADERGAL		
9:00 AM - 1:00 PM FULL SEASON EARL BIRD \$450 Weekly \$90 FULL SEASON REGULAR \$500 Weekly \$100	STORY- IMMUNIZATION R	1st Weel 2ndWeek 3rdWeek 4thWeek 5thWeek 6thWeek	M. TO 3:00 P.M. Daily \$20 FULL SEASON \$475 WEEKLY \$100 C: June 25, 26, 27, 28, 29 C: July 2, 3, 5, 6 C: July 9, 10, 11, 12, 13 C: July 16, 17, 18, 19, 20 C: July 23, 24, 25, 26, 27 C: Aug. 30, 31, 1, 2, 3
	he New York State Health Depar	rtment.	information is complete
A hard copy of a	III Immunizatio	ns a	nd Shots
from each child's In consideration of you accepting this registratic And assignees, do hereby and discharge Hasting representative and successors from all claims o manner arising or growing out of my participati participate in this program.	physician MUS on form, I the undersigned for mys gs Recreation Department, and any f damages, demands, action, and c	T be elf, my exert and all spot auses of act	provided. cutors, administrators onsors, organizers and their tions whatsoever, in any
PARENT OR GUARDIAN SINGNATURE:			
FOR OFFICE USE ONLY CK#/CC CK AMT:	DATE:INITALS:	TOTAL FEES	i: