

NON-RESIDENTS EARLY LEARNING SUMMER CAMP 2018

CHILD'S NAME: _____ 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 local): _____

CHILD'S PHYSICIAN NAME AND PHONE _____

E-Mail Address: (Please print clearly) _____

HILLSIDE GROUP FRIEND REQUEST

EARLY BIRD REGISTRATION: April 2nd through April 30, 2018. **REGULAR REGISTRATION:** Begins May 1, 2018 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.

(CHILDREN ENTERING KINDERGARTEN)

9:00 AM - 1:00 PM

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

FULL SEASON \$575

Weekly \$175

- ___ 1st Week: June 25, 26, 27, 28, 29
- ___ 2nd Week: July 2, 3, 5, 6
- ___ 3rd Week: July 9, 10, 11, 12, 13
- ___ 4th Week: July 16, 17, 18, 19, 20
- ___ 5th Week: July 23, 24, 25, 26, 27
- ___ 6th Week: Aug. 30, 31, 1, 2, 3



Daily \$20
FULL SEASON \$500
WEEKLY \$125

- ___ 1st Week: June 25, 26, 27, 28, 29
- ___ 2nd Week: July 2, 3, 5, 6
- ___ 3rd Week: July 9, 10, 11, 12, 13
- ___ 4th Week: July 16, 17, 18, 19, 20
- ___ 5th Week: July 23, 24, 25, 26, 27
- ___ 6th Week: Aug. 30, 31, 1, 2, 3

MEDICAL HISTORY- IMMUNIZATION RECORD

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 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 SIGNATURE: _____

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

EARLY LEARNING SUMMER CAMP 2018

CHILD'S NAME: _____ DOB: _____ Age _____
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 local): _____
CHILD'S PHYSICIAN NAME AND PHONE _____
E-Mail Address: (Please print clearly) _____

EARLY BIRD REGISTRATION: April 3rd through April 28, 2018. **REGULAR REGISTRATION:** Begins May 1, 2018 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.

(CHILDREN ENTERING KINDERGARTEN)

9:00 AM - 1:00 PM

FULL SEASON EARL BIRD \$450 Weekly \$90
FULL SEASON REGULAR \$500 Weekly \$100
____ 1st Week: June 25, 26, 27, 28, 29
____ 2nd Week: July 2, 3, 5, 6
____ 3rd Week: July 9, 10, 11, 12, 13
____ 4th Week: July 16, 17, 18, 19, 20
____ 5th Week: July 23, 24, 25, 26, 27
____ 6th Week: Aug. 30, 31, 1, 2, 3



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

Daily \$20
FULL SEASON \$475
WEEKLY \$100
____ 1st Week: June 25, 26, 27, 28, 29
____ 2nd Week: July 2, 3, 5, 6
____ 3rd Week: July 9, 10, 11, 12, 13
____ 4th Week: July 16, 17, 18, 19, 20
____ 5th Week: July 23, 24, 25, 26, 27
____ 6th Week: Aug. 30, 31, 1, 2, 3

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PARENT OR GUARDIAN SINGNATURE: _____

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