

EARLY LEARNING CAMP 2018

EARLY LEARNING CAMP 2018

MONDAY

WEEK ONE



25) WELCOME
TO CAMP 2018
MAKE A NEW
FRIEND DAY!!

TUESDAY

26) FIELD DAY!



WEDNESDAY

27)



THURSDAY

28) ICE POP
BONANZA!!!



FRIDAY

29) PIZZA FRIDAY



WEEK TWO



2) Spiderman
comes to visit

3) ICE POP
BONANZA!!!



4) HAPPY 4TH
OF JULY!!!



5) FREEZE DANCE



6) PIZZA FRIDAY



WEEK THREE



9) WONDER WOMAN
COMES TO VISIT

10) ICE POP
BONANZA!!!



11)



12) BE A KID & PLAY
WATER GAMES DAY



13) PIZZA FRIDAY



WEEK FOUR



16) PAW PATROL



17) CAMP



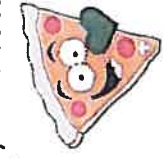
18)



19) FAVORITE
BOOK DAY!!!



20) PIZZA FRIDAY



WEEK FIVE



23) ICE POP
BONANZA!!!



24) LETTERS HOME



25)



26)



27) PIZZA FRIDAY



WEEK SIX



30) ICE CREAM
SUNDAE DAY!!!



31) HALLOWEEN IN
JULY!!!



1)



2) ICE POP
BONANZA!!!



3) PIZZA FRIDAY



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

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 SINGNATURE: _____

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

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

EARLY RISER CAMP PROGRAM

This program is designed to help working parents who need additional childcare

Prior to the 9:00 am camp day
Activities will include arts & crafts, sports & games

When: Monday-Friday for 6 weeks

Times: 7:30 A.M- 9:00 A.M

Who: Early Learning /Hastings Campers

Where: Hillside School

Starting: Monday June 25th thru Friday August 3th

Registration: James Harmon Community Center

Any questions please contact Lisa O'Reilly at 478-2380 ext 642
Or via e-mail loreilly@hastingsgov.org

Daily \$20
Weekly \$75
Full Season \$400



Name: _____ Grade in Sept. _____

Address: _____

E-Mail: _____ Emergency#: _____

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

**** MUST BE COMPLETED BEFORE YOUR CHILD ATTENDS TO CAMP****

Camp Medical Release Form 2018

**THIS FORM MUST BE COMPLETED AND RETURNED TO US IF YOU KNOW
YOUR CHILD WILL NEED PRESCRIPTION OR OVER THE COUNTER
MEDICATION DISPENSED AT CAMP.**

ALL medications (whether PRESCRIPTION OR OVER THE COUNTER) shall be brought to Camp by the parent/guardian.

"Medication" shall include ALL medicines prescribed by a physician for the camper,
including emergency medication in the event of bee stings, etc. and ALL over the counter
medications. Before any medications may be administered to any camper during camp, we
REQUIRE the WRITTEN REQUEST of the PARENT/GUARDIAN who shall give permission for such
administration. In addition, we also REQUIRE the WRITTEN ORDER of THE PHYSICIAN

(EVEN for OVER THE COUNTER MEDICATION) which shall include:

A. The purpose of the medication: _____

B. The dosage, in original containers, specifically labeled: _____

C. The time at which or the special circumstances under which the medication shall be administered: _____

D. The length of time for which medication is to be taken: _____

E. The possible side effects of the medication: _____

NAME _____ DOB _____ WEIGHT _____ AGE _____

DIAGNOSIS _____

MEDICATION/DOSAGE/TIME _____

POSSIBLE SIDE EFFECTS OF THE MEDICATION _____

The camp nurse has permission to administer the above medication as prescribed.

DOCTOR'S SIGNATURE _____

DATE _____ PHONE NUMBER _____

PARENT'S SIGNATURE _____ PHONE NUMBER _____

DATE _____

Hastings Recreation Department
Hastings Camp

DISMISSAL 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. In order 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 _____ participate in Water Exploration

Parent or Guardian

I **DO NOT** wish to have my child _____ participate in Water Exploration.

First & Last Name

Parent or Guardian

PHOTO RELEASE FORM

I give my permission for photos or video tapes 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 give permission for 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 _____