

VALLEY FALLS - PITTSTOWN SUMMER PROGRAM 2019

The Valley Falls - Pittstown Youth Commission will be having registration for the 2019 Summer Program on Tuesday, June 4th and Wednesday, June 5th at the Valley Falls Community Hall from 5:30 - 7:00.

The Program runs from July 1st - August 2nd, from 9-11 am.

The first Swim Session is from July 8th - July 19th. The second Session is from July 22nd - August 2nd. Students are bused to the Hoosick Falls Pool at 11 am and return around 1:45 pm.

The suggested donation is \$40 per child for the Arts, Crafts and Recreation Program and \$55 per child per Swim Program.

Any additional questions, please contact Mary McNeice at 753-6679

****Anyone attending the Summer Program MUST bring immunization records on or before the 1st day of camp. Absolutely NO EXCEPTIONS!!**

Valley Falls-Pittstown Summer Program Information Form

LAST NAME

FATHER'S NAME

MOTHER'S NAME

ADDRESS

PHONE

(HOME)

(WORK)

The children listed below have my permission to attend the Valley Falls-Pittstown Youth Commission Summer Program during the 2019 session.

NAME

DATE OF BIRTH

GRADE (9/19)

PLEASE LIST ANY MEDICAL NEEDS OF YOUR CHILD(REN)

LIST TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY

1. _____ **PHONE** _____

2. _____ **PHONE** _____

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION FOR MY CHILD(REN) LISTED ABOVE, TO BE GIVEN EMERGENCY FIRST AID TREATMENT AND/OR EXAMINED AND TREATED AT A HOSPITAL.

PARENT SIGNATURE

DATE

\$40 per child - Arts and Crafts/Recreation

Swimming Lessons are \$55 per Child per Session (You cannot combine weeks. Your child may go to both sessions but needs to sign up for both and pay for each sessions)

Mail to:

Mary McNeice

Box 153

Valley Falls, NY 12185

****PLEASE ENCLOSE IMMUNIZATION RECORDS - MANDATED BY HEALTH DEPT.**

Town of Hoosick Community Pool Learn-to-Swim Program 2019 Registration

Participant Information

Participant Name: _____ Birth Date: _____ Sex: _____

First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

E-mail Address: _____

Emergency Information

Parent/Guardian Name: _____

Secondary Emergency Contact: _____

Telephone: _____ Mobile: _____ Relationship: _____

Medical Information

Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No

If yes, please explain: _____

Course Information

Course Name	Course Time	Sessions 2 weeks each
Level 1	10 AM – 10:30 AM	Session 1 – July 8, 2019– July 19, 2019
	11 AM – 11:30 AM	
	12 PM – 12:30 PM	
Level 2	10:30 AM – 11:00 AM	Session 2 – July 22, 2019 - August 2, 2019
	11:30 AM – 12:00 PM	
	12:30 PM – 1:00 PM	
Level 3	10:00 AM – 10:45 AM	Session 3 – August 5, 2019 August 16, 2019
	11:30 AM – 12:15 PM	
Level 4	10:45 AM – 11:30 AM	
	12:15 PM – 1:00 PM	
Level 5	11:30 AM – 12:15 PM	
Level 6	12:15 PM – 1:00 PM	

Choice of Level: _____ Time: _____

Fee Information

~~Fee: \$40.00 for Residents~~

~~\$90.00 for Resident Family of 3 or more~~

* \$55.00 for all Non-Residents

All checks can be made payable to the Town of Hoosick

*Please note: In accordance with our policy, children under ten years of age should not be left unsupervised. *Parent or Guardian Signature required for all participants under 18 years of age.

Signature: _____ Date: _____

* If you are signing up your child for two sessions, you must fill out 2 forms