

Become a Hatchery Member

Please join us! Membership offers one year of free admission, quarterly newsletters, invitations to special events, discounts on children's programs, and discounts in the gift shop.

Membership Form

Name 1: _____ Date: _____

Name 2: _____

Address: _____

Phone: _____ E-mail: _____

Please send my newsletter and special events info via email: Yes No

Membership Category

- | | | | |
|---|------|--|--------|
| <input type="checkbox"/> Individual | \$25 | <input type="checkbox"/> Family Plus | \$100 |
| <input type="checkbox"/> Grandparent | \$40 | <input type="checkbox"/> Family Deluxe | \$250 |
| <input type="checkbox"/> Family | \$50 | <input type="checkbox"/> Benefactor | \$500+ |
| <input type="checkbox"/> Family Au Pair | \$75 | | |

*A minimum of a Family Membership is required to receive the member discount for summer programs.

Payment Information

Total Payment: _____ Cash Check Charge

Card #: _____ Exp. Date: _____

Signature: _____ CVC: _____ Summer 2023

Before You Register

Limited spaces are available for each program. Please call/email ahead to check availability: (516) 692-6768 or krissyf@cshfishhatchery.org.

- ***Our program curriculums are designed with age appropriate activities. Please be mindful of the grade level requirements for each program when registering.***
- ***All payments are non-refundable and non-transferable.***
- ***No refunds or makeups for illnesses, absences or cancellations.***
- ***There will be a \$20 per program transfer fee for changing the session of your program. Transfers must be done at least 2 weeks in advance and are based on availability.***

Registration Form

Student's Name: _____

Age (Summer 2023): _____ Grade (Sept 2023): _____

Parent 1: _____

Parent 2: _____

Address: _____

Phone: _____

Email*: _____

**Important program information will be sent through email.*

Hatchery Member*: Yes No Exp. Date: _____

**A minimum of a Family Membership is required to receive the discounted member price.*

Program Information

Program Name & Session #1: _____

Program Name & Session #2: _____

Program Name & Session #3: _____

Program Name & Session #4: _____

**Please attach a list of additional programs if registering for more than 4.*

Payment Information

Total Payment: _____ Cash Check Charge

Card #: _____ Exp. Date: _____ CVC: _____

Signature: _____

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I have read and agree to the terms listed above. *Signature required to complete registration.*

Signature: _____