| Registration Form |
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| Student's Name: |
| Age (Summer 2024): Grade (Sept 2024): |
| 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: |
| Payment Information |
| Total Payment: ☐ Cash ☐ Check ☐ Charge |
| Card #: Exp. Date: CVC: |
| Signature: |
| Limited spaces are available for each program. Please email/call ahead to check availability: krissyf@cshfishhatchery.org or (516) 692-6768. 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. |
| I have read and agree to the terms listed above. Signature required to complete registration. |
| Signature:Date |