

## Registration Form

Student's Name: \_\_\_\_\_

Age (Summer 2026): \_\_\_\_\_ Grade (Sept 2026): \_\_\_\_\_

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

Limited spaces are available for each program. Please contact us via email at [krissyf@cshfishhatchery.org](mailto:krissyf@cshfishhatchery.org) or call (516) 692-6768 to inquire about availability.

Program Name & Session 1: \_\_\_\_\_

Program Name & Session 2: \_\_\_\_\_

Program Name & Session 3: \_\_\_\_\_

Program Name & Session 4: \_\_\_\_\_

*\*Please attach a list of additional programs if you are registering for more than four.*

### Payment Information

Total Payment: \_\_\_\_\_ ☐ Cash ☐ Check ☐ Charge

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

- ***Our program curriculums are designed with age appropriate activities. Please consider the grade level requirements for each program when registering.***
- ***All payments are final and cannot be refunded or transferred.***
- ***No refunds or makeups for illnesses, absences or cancellations.***
- ***A transfer fee of \$20 will apply for changing your program session. Transfers must be requested at least 2 weeks in advance and are subject to availability.***

I have read and agree to the terms listed above. A signature is required to complete the registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the registration form to [krissyf@cshfishhatchery.org](mailto:krissyf@cshfishhatchery.org) or mail it to: Summer Programs, CSH Fish Hatchery, 1660 Route 25A, Cold Spring Harbor, NY 11724.