

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 krissfy@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 krissfy@cshfishhatchery.org or mail it to: Summer Programs, CSH Fish Hatchery, 1660 Route 25A, Cold Spring Harbor, NY 11724.