

## VALLEY FALLS - PITTSTOWN SUMMER PROGRAM

The Valley Falls - Pittstown Youth Commission will be having registration for the Summer Program on Tuesday, June 6th and Wednesday, June 7th at the Valley Falls Community Hall from 5:30 - 7:00.

The Program runs from June 26th - August 4th, from 9-11 am.

The first Swim Session is from July 10th - July 21st. The second Session is from July 17th - August 4th. 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 \$40 per child per Swim Program.

Registration forms/ information are available here or at the Valley Falls Library.

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

**VALLEY FALLS - PITTSTOWN YOUTH COMMISSION  
SUMMER PROGRAM  
2017**

Dear Parents,

We are looking to provide your child(ren) with fun filled activities for the 2017 Summer Program. The Program will be located at the Valley Falls United Methodist Church. We also use the playground, Community Hall and the Library.

The Program begins on June 26th and runs from 9-11 am. Beginning July 10th, the first of two, two-week sessions of Swimming Lessons begin at the Hoosick Falls Pool. Children attending the lessons will leave by bus at 11:00 and return approximately 1:45pm. You may sign your child up for one or both of the sessions.

If you have any questions, please feel free to contact me at 753-6679.

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Program runs from June 26th - August 4th

Monday - Friday 9-11 am

Suggested donation: \$40.00 per child  
(for entire program)

First Swim Session runs from July 10th - July 21st

Monday - Friday 11:00 - 1:45

Suggested donation: \$40.00 per child  
(per two week session)

Second Swim Session runs from July 24th - August 4th

Monday - Friday 11:00 - 1:45

Suggested donation: \$40.00 per child  
(per two week session)

**Summer Program Information Form**

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<b>LAST NAME</b>	<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>
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<b>ADDRESS</b>	<b>PHONE</b>	<b>(HOME)</b>	<b>(WORK)</b>
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The children listed below have my permission to attend the Valley Falls-Pittstown Youth Commission Summer Program during the 2017 session.

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>GRADE (9/17)</b>
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**PLEASE LIST ANY MEDICAL NEEDS OF YOUR CHILD(REN)**

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**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.**

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**PARENT SIGNATURE**

**DATE**

**Suggested Donation \$40 per child - Arts and Crafts/Recreation  
\$40 per child - Swim (per session)**

**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 2017 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 10, 2017– July 21, 2017	
	11 AM – 11:30 AM		
	12 PM – 12:30 PM		
Level 2	10:30 AM – 11:00 AM	Session 2 – July 24, 2017 - August 4, 2017	
	11:30 AM – 12:00 PM		
	12:30 PM – 1:00 PM		
Level 3	10:00 AM – 10:45 AM	Session 3 – <del>August 7, 2017- August 18, 2017</del>	
	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: \$35.00 for Residents  
\$60.00 for Resident Families of 3 or more  
\$50.00 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.

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

Parent or guardian signature required for all participants under 18 years of age

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*\$40 per child per session*

*checks - Village of Valley Falls*