

HFL Summer Rec Camp CIT Form

Name: _____ Date of Birth: _____

Grade entering 2024-2025 (Must be 15 by June 28th, 2024): _____ T-Shirt Size: _____

Parent/ guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Residency will be verified. Incorrect submissions will be returned.

____ Register my child as a CIT for **all 6 weeks**

Lunches will be available each day. Lunches can be pre-paid at www.myschoolbucks.com or purchased at lunch time.

You will be notified if your application has been accepted.

A current physical & immunization records must be submitted with registration

References (Not Family)

Name _____ Phone _____

Address _____ Occupation _____

Name _____ Phone _____

Address _____ Occupation _____

To the best of my knowledge, I do not have any pending criminal charges or criminal convictions.

Signed: _____ Date: _____

I certify that the above answers are true and complete and are aware that any material and deliberate falsification of fact on the above is grounds for discharge.

Signed: _____ Date: _____

RETURN THIS APPLICATION TO:

HFL COMMUNITY PROGRAMS AT 83 EAST STREET, HONEOYE FALLS, NY, 14472.

QUESTIONS: email hflcommunityprograms@hflcsd.org or call (585) 624-7068