



HERITAGE FARMSTEAD MUSEUM SUMMER CAMP REGISTRATION FORM



Registration is to be completed by mail. Please allow 2-3 weeks for notification of acceptance or wait list status. Please complete a separate application for each child.

Camper's Name: _____ Female: ____ Male: ____
Birth date: _____ Age during camp: ____ T-Shirt Size: YS YM YL AS AM AL

Parent or Guardian Name (primary contact): _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Home Phone: _____ Cell Phone: _____
Fax: _____ E-mail address: _____

Parent or Guardian Name (secondary contact): _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Home Phone: _____ Cell Phone: _____
Fax: _____ E-mail address: _____

CAMP SESSION(S)

In how many Camp Sessions would you like to enroll your child? _____. Please circle Below

Summer Camp Sessions:

- | | | |
|-----------------------------|---------------------|-------------|
| 1.) Creek Camp Session I | June 11 – 15, 2012 | 9:00 – 1:00 |
| 2.) Curator Camp | June 18 – 22, 2012 | 9:00 – 1:00 |
| 3.) Pioneer Camp Session I | June 25 – 29, 2012 | 9:00 – 1:00 |
| 4.) Pioneer Camp Session II | July 9 – 12, 2012 | 9:00 – 1:00 |
| 5.) Creek Camp Session II | July 23 – 27, 2012 | 9:00 – 1:00 |
| 6.) Creek Camp Session III | August 6 – 10, 2012 | 9:00 – 1:00 |
| 7.) AFTER CAMP CARE | _____ | 1:00 – 5:00 |

Write in sessions

PLEASE NOTE: In the event we are not able to accommodate your first request, we will try to place your child into a second choice session or on a wait list until space permits. 2nd choice session: _____

HERITAGE FARMSTEAD MUSEUM CAMP HISTORY

Has your child been to a Farmstead Day Camp before? YES NO If so, which year(s)? _____

FRIEND REQUEST

We may be able to place your child with a friend; however we cannot guarantee that a request will be granted. More than one request **cannot** be accommodated. We thank you for your cooperation. Requested friend: _____

PAYMENT INFORMATION

(Creek Camp \$40/day, \$175/week; Pioneer Camp \$40/day, \$175/week; and Curator Camp \$40/day, \$175/week; After Camp Care \$25/day \$100/week)

Payment by: Check (made payable to **Heritage Farmstead Museum**)
 VISA/ MasterCard# _____ Exp. _____
Last 3 Digits on Back: _____
Name on Credit Card: _____

Amount Enclosed for Camp(s): \$ _____

DON'T FORGET THE ADOPT AN ANIMAL FARMSTEAD PROGRAM

Your generosity will help to lower the cost of the care and feeding of our farmstead animals. Please contribute today!

Amount enclosed for After Camp Care Program: \$ _____

Amount enclosed for the A.A.A. Program: \$ _____

Total Payment \$ _____

**PAYMENT DUE AT TIME OF REGISTRATION, WE ACCEPT CASH, CHECKS,
MASTER CARD AND VISA.**

CAMPS WILL BE HELD RAIN OR SHINE

CANCELLATION & CHANGE POLICY

If you must cancel your registration you will be eligible for a full refund (minus a \$50 processing fee) if the cancellation is made at least 6 weeks before the camp starting date. **Cancellations received with less than 6 weeks' notice will not be eligible for any refund unless a replacement is available to take your camper's spot.**

If you would like to reschedule your camp week, a \$25 processing fee will be charged and changes will be accommodated only when there is space available.

I have read and agree to abide by the cancellation policy.

X

Signature of parent or guardian

Date

MEDICAL RELEASE INFORMATION

Child's Name: _____

Primary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Secondary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child have any allergies or medical conditions we should know about? Please specify what your child is allergic to and what reaction is typical. It is especially important that we learn about allergies to bee stings and foods.

Will your child be taking any medication while at Camp? If so, please detail. _____

In the event of an emergency, if we cannot reach you, please indicate your permission to authorize emergency care by signing below:

X

Signature of parent or guardian

Date

IMAGE RELEASE

I authorize that any photographs, motion pictures and/or video recordings taken of my child during his/her participation in a Heritage Farmstead Museum Camp program may be used by the Heritage Farmstead Museum for the purpose of promotion in perpetuity. I understand that these photographs, motion pictures and/or video recordings shall be fully owned by HFM and shall make no claim against HFM or the photographer for their use for any reason whatsoever.

It is understood by the party signing this document that the scope of the Consent is as described above, and that there will be no consideration, monetary or otherwise, required from the Heritage Farmstead Museum in exchange for such consent.

X

Signature of parent or guardian

Date

FOR INFORMATION www.heritagefarmstead.org

