

FARM CAMP

Registration for Turkey Hill Farm, Cape Elizabeth, ME

To enroll please mail in the completed registration, health form (on back), and payment to:

Farm Camp
231 Maine Avenue
Portland, ME 04103

Camper's Name _____

Age _____ Date of Birth _____

Address _____

Parents _____

Phone Numbers _____

E-mail _____

Pricing and Hours

Farm Camp is open from 9am-3pm
After care is available until 5pm at \$8/hr

Our 2-day program is on Tues/Th - \$140

Our 3-day program is on M/W/F - \$190

Our full week program is Mon-Fri - \$260

Our 4th of July week is Tues-Fri - \$210

Our FarmTrek! program is Mon-Fri - \$325

Registration Policies

Payment by cash or check is required at the time of registration. All refunds for cancellations include a \$25 administrative fee. Cancellations with 30 days notice will receive a full refund. Two weeks notice will receive a 50% refund. No refunds will be given with less than two weeks notice.

Check the boxes below to indicate which session(s) your child will join us at Farm Camp or Farm Trek!. Expect a confirmation letter. If space is unavailable, we will call you. Please sign-up for after care this summer, on the first day of each session (Monday or Tuesday).

2017	Mon	Tue	Wed	Thu	Fri
7/3 - 7/7	Camp	No Camp July 4th	Camp	Camp	Camp
7/10 - 7/14	Camp	Camp	Camp	Camp	Camp
	Farm Trek! (ages 10-13)				
7/17 - 7/21	Camp	Camp	Camp	Camp	Camp
7/24 - 7/28	Camp	Camp	Camp	Camp	Camp
	Farm Trek! (ages 10-13)				
7/31 - 8/4	Camp	Camp	Camp	Camp	Camp
8/7 - 8/11	Camp	Camp	Camp	Camp	Camp
	Farm Trek! Summit (ages 13-16)				
8/14 - 8/18	Camp	Camp	Camp	Camp	Camp
	Farm Trek! (ages 10-13)				
8/21 - 8/25	Camp	Camp	Camp	Camp	Camp

Total amount enclosed: \$ _____

Questions? Visit **FarmCampKids.com** or call (207) 200-8224.

FARM CAMP

Health Record & Release

Camper's Name: _____

Emergency Contact (non-parent) and Relationship: _____

Emergency Contact's Phone Number: _____

Camper's Doctor: _____

Doctor's Phone Number: _____

My child(ren) may be picked up by the following people: _____

Date of Last Tetanus Shot: _____

Medical Conditions, Allergies, Treatments, or Restrictions We Need to Know About: _____

Please mail us a copy of your child's immunization record prior to the start of Farm Camp.

I state that the health history above is correct. My child _____ has permission to participate in all camp activities. I understand these activities may include certain risks. I authorize Farm Camp, LLC (1) to give medications as listed to my child; (2) to secure emergency medical care at my expense if I am unable to be reached in an emergency; and (3) to use my child's photo in promotional materials. I specifically release Farm Camp, its owners, directors, employees, and volunteers from any claim of any kind arising from my child's participation in the Farm Camp program.

Parent/Guardian Signature

Date