

# FARM CAMP

## Registration for Morris Farm, Wiscasset, ME

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

Farm Camp  
231 Maine Ave.  
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 \$7 /hr

Our 2-day program is on Tues/Th - \$115

Our 3-day program is on M/W/F - \$160

Our full week program is Mon-Fri - \$215

Our 4th of July week is Tues-Fri - \$180

### 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. 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).

2016	Mon	Tue	Wed	Thu	Fri
7/5 - 7/8	No Camp July 4				
7/11 - 7/15					
7/18 - 7/22					
7/25 - 7/29					
8/1 - 8/5					
8/8 - 8/12					

Total amount enclosed: \$ \_\_\_\_\_

Questions? Visit **FarmCampKids.com** or call Jeanine Bischoff-Brewster at (207) 518-3427.

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## 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