

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
c/o 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 \$6/hr

Our 2-day program is on Tues/Th - \$110

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

Our full week program is Mon-Fri - \$225

Our FarmTrek! program is Mon-Fri - \$295

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).

2012	Mon	Tue	Wed	Thu	Fri
6/25 - 6/29	Camp	Camp	Camp	Camp	Camp
7/2 - 7/6	Camp	Camp	Camp	Camp	Camp
7/9 - 7/13	Camp	Camp	Camp	Camp	Camp
	Farm Trek!				
7/16 - 7/20	Camp	Camp	Camp	Camp	Camp
	Farm Trek!				
7/23- 7/27	Camp	Camp	Camp	Camp	Camp
7/30 - 8/3	Camp	Camp	Camp	Camp	Camp
	Farm Trek!				
8/6 - 8/10	Camp	Camp	Camp	Camp	Camp
	Farm Trek!				
8/13 - 8/17	Camp	Camp	Camp	Camp	Camp

Total amount enclosed: \$ _____

Questions? Call Holly at (207) 518-1779

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 needs to take the following medications (include dosage instructions): _____

Medication Side Effects: _____

Camper Allergies & Treatment: _____

Date of Last Tetanus Shot: _____

Medical Conditions, 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