

Hope Farms: Farm Encounter Kids Camp Registration Form

Camper Name: _____

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason and if so what time?
Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes ___ No ___ If yes, explain: _____

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Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Deposit:

\$100 deposit is due at the time of camp registration. This deposit will be put towards camp tuition.

SUMMER CAMP TUITION & PAYMENT:

Summer camp tuition fee is due on every Monday the week that your child is enrolled, either by Cash , Zelle, Venmo or if by check the **amount is to be paid in full before the selected camp week. If a camper's tuition is not paid they will not be able to attend camp.**

Please select your camp week, and for either partial or full day from the following options:

- **June 17th-21st** (Week 1)
- **June 24th-28th** (Week 2)
- 2 Options Available for both weeks: Partial/Full Day
- **Partial 9am-2pm \$325.00**
- **Full 8:30am-4:30pm \$450.00**

Camp Tuition Total: _____

Late Pick Up Policy

There shall be an **additional late fee of \$20.00** every **30 minutes after your child's schedule pick-up time**. This applies to both partial and full days. This late fee will be paid by the following day.

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Hope Farms: Farm Encounter Kids Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Hope Farms Encounter Kids Camp and its affiliates.

Parent's/Guardian's Initials _____

Hope Farms; Farm Encounter Kids and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

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Camper Name: _____

Hope Farm Staff
Director Signature: _____

Date: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Hope Farms: Farm Encounter Kids Camp, its employees and volunteers from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or Hope Farms employees and volunteers due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Hope Farms: Farm Encounter Kids Summer Camp. In the event of any medical emergency, I authorize and consent for District to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor Phone Number

*Parent Signature

Contact Phone Number Date