



Office Use Only
Registration Rcvd:
Check #:
Check amt:
Confirmation sent:

Summer Camp Registration Form 2024

Child's Full Name _____ Birth Date ___/___/___

Name your child would like to go by at school _____

Address _____

City _____ State _____ Zip Code _____

Sessions

Please mark the session or sessions you would like to register for. All camps are designed for children ages 3-5. Older siblings must have prior approval from The Farmhouse School. Please see our website for complete session descriptions.

- | | | |
|------------------------------|---|--------------------|
| ___ Outdoor Explorers! | June 24 th -June 27 th | 9:00 am – 12:00 pm |
| ___ Art Exploration! | July 15 th - July 18 th | 9:00 am – 12:00 pm |
| ___ Building & Construction! | August 5 th - August 8 th | 9:00 am- 12:00 pm |

Summer Session Tuition

The cost for each session is \$300. Summer session tuition is due upon enrollment. Should you choose to unenroll at any point, you will forfeit your summer session tuition. There will be no tuition reimbursement for days missed.

Classes must reach minimum enrollment of 6 students or will be cancelled. Tuition for cancelled classes will be reimbursed

Family Information

Parent/Guardian 1 (Parent who will be our primary contact and should be contacted first in event or illness or emergency)

Name _____ Email _____

Phone _____

Parent/Guardian 2 (Parent who will be our secondary contact)

Name _____ Email _____

Phone _____

Persons Authorized to Pick Up Your Child Other Than Parents/Guardians

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Health Information

Name of Physician _____ Physician's Phone _____

Name of Dentist _____ Dentist's Phone _____

Insurance Carrier _____ Policy Number _____

Preferred Hospital

Please list any **Allergies/dietary restrictions/sensitivities** that we need to be aware of:

Does your child need medication, an Inhaler, an EpiPen, or other medical attention to be administered or kept at school?

YES ____ NO ____ If yes please explain: _____

Each child must provide their own bottle of sunscreen in case we need to reapply. Please list the brand and name of your provided sunscreen.

Emergency Consent

I hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents/guardians prior to such treatment when possible.

Parent/Guardian Signature _____ Date ____/____/____

To the best of my knowledge the information I have provided is complete and accurate.

Parent/Guardian Signature _____ Date ____/____/____

Upon receipt of your summer camp registration form and tuition, you will receive a confirmation email with additional information, including what to bring each day.