



# 2021 SUMMER ON THE FARM

## Registration Form

Please use a separate registration form for each child.

Date Registration Received: \_\_\_\_\_

### CAMPER INFORMATION:

Child's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
School Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Sex: M / F  
Grade Completed as of 6/1/21: \_\_\_\_\_  
Pre-8:00 Drop Time \_\_\_\_\_ Post-5:00 Pickup Time \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Any custody agreements, court orders, or restraining orders pertaining to this child: Yes\_\_ No\_\_  
Custody: Mother\_\_ Father\_\_ Joint\_\_ Guardianship\_\_

### SELECT YOUR WEEKS: (Note: No Wilson County or Teen Club Week 1 – Still in School)

Camp Week Reservation: Please check the weeks your child will be attending.					
<input type="radio"/>	<b>Week 1: 6/1-6/4</b>	<b>Welcome Week</b>	<input type="radio"/>	<b>Week 6: 7/5-7/9</b>	<b>LFC Olympics</b>
<input type="radio"/>	<b>Week 2: 6/7-6/11</b>	<b>Camp Throwdown</b>	<input type="radio"/>	<b>Week 7: 7/12-7/16</b>	<b>Gameshow Mania</b>
<input type="radio"/>	<b>Week 3: 6/14-6/18</b>	<b>June Madness</b>	<input type="radio"/>	<b>Week 8: 7/19-7/23</b>	<b>COLOR WARS</b>
<input type="radio"/>	<b>Week 4: 6/21-6/25</b>	<b>Myth Busters</b>	<input type="radio"/>	<b>Week 9: 7/26-7/30</b>	<b>Wet, Wild n Wacky</b>
<input type="radio"/>	<b>Week 5: 6/28-7/2</b>	<b>Party in the USA</b>			

The Automatic Billing section must be filled out unless you are paying tuition in full at time of registration.

### REGISTRATION PAYMENT INFORMATION:

Registration Fee: \$ 50  
Deposit Due: (Multiply # weeks x \$25) + \$ \_\_\_\_\_  
Total Due to Reserve a Spot in Camp: \$ \_\_\_\_\_



**\$10.00 Referral Discount**

Referred By: \_\_\_\_\_

**New Families:** If you were referred to the Langford Farms Summer Camp program, please write the referring family above (one). Must both be registered for 4 weeks for discount to apply.

Friend Request: \_\_\_\_\_

### Automatic Billing: Please submit one of the following

#### DEBIT/CREDIT CARD:

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on card \_\_\_\_\_  
CVV # \_\_\_\_\_

#### ELECTRONIC FUNDS TRANSFER:

Bank Name \_\_\_\_\_  
ABA # \_\_\_\_\_ Acct. # \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Checking\_\_ Savings\_\_  
Signature \_\_\_\_\_



# LANGFORD FARMS CLUB

## 2021 Emergency Form (one form per child)

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical:

Is there any reason to restrict the child from any activity? Y / N

If yes, please explain \_\_\_\_\_

Does the child have any physical or emotional conditions requiring special attention by camp staff? Y / N

If yes, please explain \_\_\_\_\_

Are there any situations that can cause your child to become upset or create anxiety? Y / N

If yes, please explain \_\_\_\_\_

Do you have any behavior management suggestions for your child? \_\_\_\_\_

Is the child on any medications (prescribed or O-T-C)? Y / N

If yes, please explain \_\_\_\_\_

Does the child have any known allergies or dietary restrictions? Y / N

If yes, please explain \_\_\_\_\_

### Health Insurance Information:

Insurance Company \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Policy Group Number \_\_\_\_\_ Doctor \_\_\_\_\_ Number \_\_\_\_\_

### Emergency Contact and Authorized Persons:

In addition to the persons listed above, only these individuals listed below have authorization to care for my child in the event of an emergency or be available for drop-off/pick-up. All individuals listed below should be prepared to show identification to staff. Your child will not be released to anyone other than these individuals without written permission.

Name	Relationship to Child	Emergency Contact Y / N	Phone Number	Drop-off ✓	Pick-up ✓

### Authorization for Emergency Medical Care:

I hereby give my authorization to the Langford Farms Club to contact a doctor or an emergency medical provider, and for the doctor, hospital, or medical service to provide emergency medical care for my child listed above should an emergency arise. I accept all expenses necessary for emergency treatment.

Signature of Parent or Guardian \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

