



# **APRIL VACATION CAMP REGISTRATION**

*Only one child per form! Please Print. Fill out completely, both sides. Copy as needed. Please return to address listed on the second page.*

\_\_\_ New Camper \_\_\_ Returning Camper \_\_\_ Number of Years at Camp

Camper First Name \_\_\_\_\_ Camper Last Name \_\_\_\_\_

Gender \_\_\_ Girl \_\_\_ Boy Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Parent/Guardian #1: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian #2: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: Phone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

**Carpool List:** I give permission to release my name, town, phone & email for the camp carpool list. \_\_\_ Yes \_\_\_ No

**CAMP SIGN UP** Check the box for the whole week, or each day you want, camp runs Monday to Friday.

## **APRIL VACATION CAMP is for First to Fifth Graders.**

**Week 4/21-4/25** or **Monday 4/21** **Tuesday 4/22** **Wednesday 4/23** **Thursday 4/24** **Friday 4/25**

\$165       \$38       \$38       \$38       \$38       \$38

In order to keep our prices low and reduce administrative costs payment is due at time of registration.

**Monday - Animals on the Farm.** It's springtime on the farm! We're busy getting ready for our newborn lambs and chicks.

**Tuesday - Nature Around Us.** Discover nature's hidden treasures on a scavenger hunt, and search for signs of wildlife.

**Wednesday - Farmer for a Day.** Learn what it's like to work on a farm by doing work projects in our barns and gardens.

**Thursday - Magic in the Woods.** Spend the day in the woods as they wake up from winter and enter into spring.

**Friday - Earth Day.** Celebrate Earth Day at the Farm with our annual beach clean-up.

**We Need Your Support!** Become a Member of the Friends of Wolfe's Neck Farm. Members receive a \$5 discount per day/ or \$20 for the whole week April Camp. You may send your membership in with your camp payment and apply the discount right away. Your membership dues are fully tax deductible and will be used to fulfill the mission of the Farm.

I am a current Friend of the Farm Member     I would like to join (check box below)     No, thank you.

Membership Level:  Family \$35     Sponsor \$100     Steward \$250     Patron \$500     Smith Society \$1000

### **FINANCIAL AID / CAMP SCHOLARSHIP APPLICATION (Complete ONLY if requesting assistance)**

# of Adults in Household (over 18) \_\_\_\_\_ # of Children in Household (under 18) \_\_\_\_\_

Household Income from ALL sources (Wages, SSI, TANF, Disability, VA, Alimony, Child Support/etc...) \$ \_\_\_\_\_ per \_\_\_\_\_

**Important** Please enclose a copy of most recent tax return, or copies of documents verifying ALL income (for example: pay stubs). We cannot process application without verification of income.

**Assurances:** I am the parent/guardian for the above-mentioned camper(s), and I ensure that the information I have given above is true and accurate. I understand that financial assistance cannot be given to everyone, and the limited financial assistance available will be given on a first come, first serve basis.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**MEDICAL INFORMATION & RELEASE**

**Please don't leave blanks! Please write "None" if it doesn't apply to you. Attach additional pages as necessary.**

1) Date of last tetanus shot \_\_\_\_\_

2) Allergies & Treatment if exposed: \_\_\_\_\_  
\_\_\_\_\_

3) I authorize Wolfe's Neck Farm Day Camp staff to administer the following medications (including dosage)  
\_\_\_\_\_  
\_\_\_\_\_

4) I authorize Wolfe's Neck Farm Day Camp staff to re-apply sunscreen to exposed areas subject to sunburn: Yes\_\_\_ No\_\_\_

5) Medical conditions that staff need to be aware of: \_\_\_\_\_  
\_\_\_\_\_

6) Any special dietary needs (ex. Vegetarian, Religious, Lactose Intolerant): \_\_\_\_\_  
\_\_\_\_\_

7) Behavioral or other information Camp staff should know to ensure your child has a positive camp experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read and Sign:**

*My child, \_\_\_\_\_, has permission to participate in all camp activities. I understand that these activities may include certain risks, and I assume these risks on my own behalf and on behalf of my child.*

*\*I authorize Wolfe's Neck Farm to administer the medications listed above to my child, and acknowledge that my child will not be provided any medication I have not authorized. I further authorize Wolfe's Neck Farm to secure medical or other treatment for my child at my expense if I am unable to be reached in an emergency.*

*\* I authorize Wolfe's Neck Farm to use my child's photo or likeness in promotional or informational materials which will be distributed to the general public.*

*\* In consideration for my child's participation in camp activities, on my own behalf and on behalf of my child and our heirs, personal representatives, and assigns, I hereby agree not to sue and to waive, release, and discharge Wolfe's Neck Farm and its subsidiaries and affiliates, officers, directors, agents, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in the Wolfe's Neck Farm camp program, including, but not limited to, any claims of negligence.*

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please return your completed Registration and Medical Information & Release Form to:**

Wolfe's Neck Farm  
184 Burnett Road  
Freeport, ME 04032

Please enclose payment with check made out to "WNF" or "Wolfe's Neck Farm" or call us with your credit card information at 865-4469. Please email [mmitchell@wolfesneckfarm.org](mailto:mmitchell@wolfesneckfarm.org) or call the Education Office at 865-4363, or if you have any other questions. Thank you. We look forward to seeing you this April!