

Hallockville Museum Farm

2010 Summer Camp Registration Form

6038 Sound Avenue Riverhead NY 11901 631-298-5292

education@hallockville.com www.hallockville.com

Name of camper: _____

(if registering multiple children, please complete a separate form for each child)

D.O.B: _____ Age as of July '10: _____ Sex: _____ Grade: _____

What week(s) will your child be attending?

- Week 1- July 12th – Adventures in our Backyard: Nature Detectives
- Week 2 – July 19th – Choosing Revolution: Loyalists vs. Patriots
- Week 3 – July 26th – Treasures of the Sound
- Week 4 – August 2nd – The Way West
- Week 5 – August 9th - Harvesting Time at Hallockville

_____ Full Day (9am - 3pm)

_____ Half Day (9am - 12pm)

Total number of weeks: _____ Total amount (\$) due: _____ Amount paid: _____

Street Address: _____

Apartment Number: _____ State: _____ Zip: _____

Home phone: _____

E-mail Address: _____

Mother's Name: _____

Mother's Phone : _____ Cell: _____

Father's Name _____

Father's Phone: _____ Cell: _____

Name of camper: _____

If parent(s)/legal guardian(s) not available, please contact:

Emergency Name #1 _____ Phone #: _____

Cell: _____ Relationship: _____

Emergency Name #2 _____ Phone #: _____

Cell: _____ Relationship: _____

Emergency Release:

I give my permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent signature

Date

I give my permission for my child to participate in all program activities and in any supervised trips to places not on camp property. I agree to permit the use of photographs and videos in which my child appears in any camp or Hallockville Inc. publications or promotions

While every precaution will be taken to ensure the safety and good health of all campers and the protection of camper's property, I understand and hereby agree that Hallockville, its directors, and employees are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the camper or damage to the camper's property while traveling to or from camp; while on camp property; or while on a supervised trip off camp property.

I have read the camp's tuition schedule and I agree to be responsible for payment of all fees due to Hallockville Inc.

Parent Signature

Date

Hallockville Museum Farm * Summer Camp * Medical Form

Must be filled out by a Physician and submitted by the first day of Camp

Name of Camper: _____

Doctor's Name: _____ Phone: _____

Medical Insurance: _____

Phone: _____

Required Immunization dates:

DPT/DT: _____ Haemophilus Influenza type b: _____

Hepatitis: _____

MMR: _____ Varicella (Chicken Pox): _____

Polio: _____

Allergies (medication, food, etc.) _____

Please list any medical problems, including the diagnosis: _____

Is your child currently on any medications, including inhalers? Yes _____ No _____

If yes, name the medication _____

If yes, does the medication need to be taken during camp hours?

Yes _____ No _____

*If yes, written permission from a parent/ guardian and a physician will be necessary to accompany the medication and the medication must be self-administered.

Please describe any behavioral issues, special needs, or considerations that would be helpful for staff to know, to provide a safe and happy experience for the child.

Physician signature

Date

2010 Hallockville Summer Camp Tuition Schedule

	<u>Members</u>	<u>Non-members</u>
Full Day: (9am to 3pm) Per Week	\$270.00	\$300.00
Half Day: (9am to Noon) Per Week	\$180.00	\$200.00

- All tuition fees are based on a per week basis.
- Contact Hallockville to obtain membership applications to receive membership discount.
- A sibling discount of 20% is offered for each additional child enrolled.
- Lunch and snacks must be provided by parent/ guardian.
- A minimum deposit of 50% of the total fee for each child is required to secure a reservation. The balance is due on or prior to June 12, 2010.
- Refunds will only be issued on or prior to June 12, 2010
- Camp will be filled on a first come, first serve basis.
- Hallockville is not responsible for any and all absences.