

# Hallockville Museum Farm

## 2011 Summer Series Registration Form

6038 Sound Avenue Riverhead NY 11901 631-298-5292

Education@hallockville.com - [www.hallockville.com](http://www.hallockville.com)

All pages of this document must be read and completed.

Name of child: \_\_\_\_\_

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

D.O.B: \_\_\_ / \_\_\_ / \_\_\_ Age as of July '11: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has the child completed kindergarten? Y / N

Has your child previously participated in full day school or camp activities away from home and family? Y / N

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: \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Legal Guardian's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Best number to reach you during camp hours: \_\_\_\_\_

In the event that a parent or legal guardian is unavailable to drop-off or pick up the child from camp at any time during the summer, please fill out the following section.

I \_\_\_\_\_ give permission for \_\_\_\_\_  
(parent or legal guardian) (party responsible for child)

to drop-off or pick up my child \_\_\_\_\_ from Hallockville during the Summer  
(Child's Name)

Series Program on dates \_\_\_\_\_  
(please be as specific as possible or provide a date range)

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

\_\_\_\_\_  
Date

What week(s) will your child be attending?

- Week 1- July 5-8
- Week 2 – July 11-15
- Week 3 – July 18-22
- Week 4 – July 25-29
- Week 5 – August 1-5
- Week 6 – August 8-12

Member:	\$295 per week
Non-Member:	\$325 per week
Multi-Week Packages for Members:	
3 Weeks:	\$785 (Save \$100)*
6 Weeks:	\$1475 (Free week!)*
Multi-Week Packages for Non-Members:	
3 Weeks:	\$875 (Save \$100)*
6 Weeks:	\$1625 (Free week!)*

\*To qualify for multi-week discounts, registration must be completed and paid by July 11<sup>th</sup>.

Members Amount Due:

- |                                                                                               |                                                                                                |                                                                                                                            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 week: \$295                                                        | <input type="checkbox"/> 4 weeks: \$1080<br><i>(Includes 3 week package discount of \$100)</i> | <input type="checkbox"/> 6 weeks: \$1475<br><b>FREE WEEK!</b><br><i>(Free week based on member rate of \$295 per week)</i> |
| <input type="checkbox"/> 2 weeks: \$590                                                       |                                                                                                |                                                                                                                            |
| <input type="checkbox"/> 3 weeks: \$785<br><i>(Includes 3 week package discount of \$100)</i> | <input type="checkbox"/> 5 weeks: \$1375<br><i>(Includes 3 week package discount of \$100)</i> |                                                                                                                            |

Total amount (\$) due: \_\_\_\_\_ Amount paid: \_\_\_\_\_  
*(50% deposit due at time of registration; Fees must be paid in full by June 13<sup>th</sup>)*

Non- Members Amount Due:

- |                                                                                               |                                                                                                |                                                                                                                                |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 week: \$325                                                        | <input type="checkbox"/> 4 weeks: \$1200<br><i>(Includes 3 week package discount of \$100)</i> | <input type="checkbox"/> 6 weeks: \$1625<br><b>FREE WEEK!</b><br><i>(Free week based on non-member rate of \$325 per week)</i> |
| <input type="checkbox"/> 2 weeks: \$650                                                       |                                                                                                |                                                                                                                                |
| <input type="checkbox"/> 3 weeks: \$875<br><i>(Includes 3 week package discount of \$100)</i> | <input type="checkbox"/> 5 weeks: \$1525<br><i>(Includes 3 week package discount of \$100)</i> |                                                                                                                                |

Total amount (\$) due: \_\_\_\_\_ Amount paid: \_\_\_\_\_  
*(50% deposit due at time of registration; Fees must be paid in full by June 13<sup>th</sup>)*

Please refer to the tuition schedule and policies section of this registration form for complete payment and refund information. The tuition schedule and policies section must be signed and returned with registration.

## Emergency Contact and Release Form

This form **must be completed in its entirety and signed by a parent or legal guardian before July 1, 2011**. Children will not be allowed to participate without a completed emergency contact and release form. Refunds will not be provided in the event of incomplete or missing emergency contact and release forms.

Name of camper: \_\_\_\_\_

If parent(s)/legal guardian(s) not available, please provide two alternate contact persons:

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 or the emergency contact persons I have listed above.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

I give my permission for my child to participate in all program activities and in any supervised trips. I agree to permit the use of photographs and videos in which my child appears for use by Hallockville Inc. in its publications or promotional materials.

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Hallockville Museum Farm Summer Series Medical Form**

This form **must be filled out in its entirety and signed by a Physician before July 1, 2011.** Children will not be allowed to participate without a completed medical form. Refunds will not be provided in the event of incomplete or missing emergency contact and release forms.

Name of Child: \_\_\_\_\_

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 while the child is at Hallockville?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, written permission from both 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

# **2011 Hallockville Summer Series**

## **Tuition Schedule & Policies**

Member:                 \$295 per week  
Non-Member:         \$325 per week

### Multi-Week Packages for Members:

3 Weeks:         \$785 (Save \$100)\*  
6 Weeks:         \$1475 (Free week!)\*

### Multi-Week Packages for Non-Members:

3 Weeks:         \$875 (Save \$100)\*  
6 Weeks:         \$1625 (Free week!)\*

*\*To qualify for multi-week discounts, registration must be completed and paid by July 11<sup>th</sup>.*

- Complete membership application to receive membership discount.
- 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 13<sup>th</sup>.
- Refunds will only be issued two weeks prior to the child's first day of camp. Refunds will not be provided in the event of incomplete or missing emergency contact, release, or medical forms.
- Refunds will not be provided for missed or partial days.
- Lunch and snacks must be provided by parent/guardian.
- Camp hours are 8:30 to 3:30, Monday through Friday.
  - Morning drop-off time is from 8:00 to 8:30 AM.
  - Afternoon pick-up time is from 3:30 to 4:00 PM.
  - In order to provide a consistent, learning-rich environment for each child, and to maintain the camp schedule, all parents must drop-off and pick-up their children within these time frames. Any variation requires advance notice and arrangements made with the Camp Director.
  - A staffing fee of \$15 per child will be charged for each day that the child is not picked up by 4:00 PM.

I understand and will comply with the conditions outlined above and on all previous pages of this document:

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Parent or Legal Guardian Signature

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Date