



**Farm Camp Registration FORM**

June-August, 2018

For Office Use Only:			
_____ Registration	_____ Medical Info Form	_____ Bus Permission Form	_____ Payment

**-Register and Pay Online:** <https://goo.gl/A8dhQa> or

**-MAIL Forms To:** 4-H Office, Attn: Camp Registration Dept. 162 Washington Street Newark, NJ 07102 or

**-Drop off Forms to Montclair History Center:** 108 Orange Road, Montclair NJ between 9:00-2:00 T-F.

Name \_\_\_\_\_ Name for Name Tag \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Name of person dropping off/picking up child daily: \_\_\_\_\_

**Other persons authorized to pick up child:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_ Youth XS \_\_\_ Youth S \_\_\_ Youth M \_\_\_ Youth L \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L

**MEDIA POLICY AND RELEASE:**

During the Farm Camp, photographs and video are taken of participants. Sometimes these pictures are used for 4-H, Montclair History Center and Farm Camp promotion and may be sent to newspapers or used in flyers and program reports. However, for websites the policy is that youth in photos will not be identified by name(s). If you do not wish to have your child's picture or name used for promotional purposes, please check the appropriate boxes below.

- No, do not use my individual picture for any purpose. I will avoid opportunities to be in-group photos.
- No, do not use my name for any purpose.

**CAMP AGE AND DATES:** Check off which week/s your child will be joining us for camp. Please note, CIT options are only for youth ages 12-15. CITs are asked to fill out an additional application.

**Down on the Farm:** Experience farm life in suburban New Jersey. Appropriate for ages 5 to 9. Camp runs from 9 am to 1 pm, Friday pick up at 3. \$250/child/week.

**Farm To Table:** Plan, harvest, share and enjoy locally grown food. Appropriate for ages 7 to 11. Camp runs from 9 am to 5 pm. \$500/child/week.

- ~~June 25 through June 29 (Full)~~
- June 25 through June 29 –CIT Only
- July 30<sup>th</sup> thru August 3<sup>rd</sup> (new week!)
- July 23 through July 27- CIT Only

- August 6 through August 10
- August 6 through August 10- CIT Only
- August 27 through August 31
- August 27 through August 31- CIT Only

**PAYMENT INFORMATION:** Checks can be mailed to the address above or families can pay online through PayPal. A space at camp is not guaranteed until a payment is received. Camp fees are non-refundable.

Payment for camp for camp 7/39	+	_____	(\$250)
Payment for camp for camp week 8/6 or 8/27	+	_____	(\$500)
Payment for camp CIT	+	_____	(\$100)
**Total members discount	-	_____	(\$25)
***Sibling Discount (1/family)	-	_____	(\$25)
****Campership amount	-	_____	(TBD)

\*\* Membership discounts are for families who are members of the Montclair History Center or 4-H  
 \*\*\* Families who register more than 1 child per week of camp can take \$25 off of one-child's registration.  
 \*\*\*\*No child will be turned down to attend due to financial troubles. Please contact our office about payment assistance Campership

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**Total Amount Owed:** = \_\_\_\_\_

**Please Check one:**                      Check\* \_\_\_\_\_                      PayPal\*\* \_\_\_\_\_

\*Checks can be made out to *Montclair Community Farms*  
 \*\*Please add your email here if you would like to pay using PayPal. Please note there will be an additional \$10 fee to pay through PayPal. Upon receiving your applicant, an email will be sent to you with an invoice to pay Montclair Community Farms Directly. **Email:**

**PARENT/GUARDIAN AGREEMENT:**

I give my child permission to attend the Farm Camp on the dates indicated above. I agree to drop off and pick up my child at the designated times. I understand that I may be charged an additional fee if I pick up my child late. I will contact the Camp Directors if my child will arrive late or be picked up early, or if my child will not attend the program on a given day.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date