WESTCHESTER COUNTY YOUNG FARMERS PROGRAM
2009 REGISTRATION FORM
Only one child on each application (make copies as needed)

Child's name_____Nickname_____Gendor M or F

Address_____Town_____State____Zip Code_____

Birth Date_____Age_____Grade entering 9/09_____

Parent/Guardian's name_____Daytime phone_____
Evening phone_____
_____Cell phone_____
Email address_____

If neither parent is available, please contact:
*Emergency name*_____*Phone*_____

*Emergency name*_____ _*Phone*_____
Medical History: Immunizations (date of last)
DPT_____Polio_____Measles_____HIB_____
Hepatitis_____Mumps_____Rubella_____Chicken Pox_____
Allergies (medication, foods, etc.)_____

Please list any medical or behavioral concerns that would be helpful for staff to know, to provide a safe and happy experience for your child_____

Is your child currently on any medication that needs to be taken during camp, including inhalers? YES NO
If yes, written permission from a parent or guardian will be necessary to accompany the medication and the medications must be self-administered.

I give my permission for my child to participate in all program activities. I understand that continued misbehavior on the part of my child will result in dismissal from the program, without consideration of a refund.

_____
Parent/Guardian Signature

Emergency Release:
I give permission, in the event of an emergency, for first aid to be administered to my child and emergency medical treatment including transportation by ambulance to the nearest hospital, should it be necessary. I understand that every effort will be made to contact me.
One week maximum.

_____
Parent/Guardian Signature Date

HOMESTEADERS (Entering Grades 1 & 2) Check one week only

____July 6-10	____July 20-24	____August 3-7
____July 13-17	____July 27-31	____August 10-14

FARM HANDS (Entering Grades 3 & 4) Check one week only

____July 6-10	____July 20-24	____August 3-7
____July 13-17	____July 27-31	____August 10-14

COWPOKES (Entering Grades 5 & 6) Check one week only

____July 6-10	____July 20-24	____August 3-7
___July 13-17	____July 27-31	____August 10-14

CORNHUSKERS (Entering Grade 7 & 8) Check one week only

(Choice of week 3 thru 6 only)	____July 20-24	____August 3-7
	____July 27-31	____August 10-14

I would like my child to be in the same group as:_____

Fee:$275.00(non-refundable)/week. Make checks payable to Muscoot Farm, Rt. 100, Katonah, NY 10536, phone 914-864-7286.