

WESTCHESTER COUNTY YOUNG FARMERS PROGRAM

2010 REGISTRATION FORM

All information is kept confidential

Child's name _____ Nickname _____ Gender M or F

Address _____ Town _____ State _____ Zip Code _____

Birth Date _____ Age _____ Grade entering 9/10 _____

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.) _____

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.

If there is information you would like to share with Camp Director, Mary Jo Gallo that will help maximize your child's summer experience please contact her at 864-7283 prior to the start of camp or provide information below.

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.

Emergency Release:

Parent/Guardian Signature

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 5-9 _____ July 19-23 _____ August 2-6

____ July 12-16 _____ July 26-30 _____ August 9-13

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

____ July 5-9 _____ July 19-23 _____ August 2-6

____ July 12-16 _____ July 26-30 _____ August 9-13

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

____ July 5-9 _____ July 19-23 _____ August 2-6

____ July 12-16 _____ July 26-30 _____ August 9-13

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

(Choice of week 4 thru 6 only) ____ July 26-30 _____ August 2-6 _____ August 9-13

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

Fee: \$300/week (non-refundable). *If for medical reasons, your child does not attend camp a partial fee may be returned at the discretion of the Farm Manager.*

Make checks payable to Muscoot Farm, Rt. 100, Katonah, NY 10536 phone 914-864-7286.