

**Fernbrook Farms Education Center
2010 Young Stewards Summer Enrichment
Please Print or Type – One form per child**

Name of Child		Age	Date of Birth	Male	Female
Address		City	State	Zip	
School		Grade entering in the fall			
Mother's Name		Father's Name			
Home Phone#	Work#	Home Phone#	Work#		
Email		Email			
Cell/Pager#		Cell/Pager#			
Employer		Employer			

SPACE IS LIMITED TO 20 CAMPERS – SIGN UP EARLY!!

Week	Rate
___ July 6 – July 9 (4 day week)	\$280
___ July 12 – 16	\$350
___ July 19 – 23	\$350
___ July 26 – 30	\$350
___ August 9 – 13	\$350
___ August 16 – 20	\$350
___ August 23 – 27	\$350
___ August 30 - September 3	\$350
___ Extended Care AM Only – 7:30	\$ 15/week
___ Extended Care PM Only – 5:30	\$ 25/week
___ Extended Care AM & PM	\$ 40/week

All Camp Fees must be paid in full by June 1. All forms must be submitted and complete before camper is considered fully registered. Application is **NOT** valid unless the Parent Agreement has been signed and a \$50 deposit accompanies this form. ***NO REFUNDS*** after June 1 unless space can be filled.

TOTAL DUE: \$ _____ A \$50 deposit (included in the rate) is required to hold your space.

Confidential Medical Information

- Please indicate information about the registrant regarding medications, allergies, physical disabilities or restrictions that the instructors should know about. Attach pages if necessary.
- My child's physician's name and phone# is _____
- My child's medical insurance carrier is _____ Policy# _____

I give Fernbrook Farms Education Center permission to use any photographs or video footage of my child for any promotional or other legitimate reason. YES NO
 Parent/Guardian _____ Date _____

Print Name _____

How did you hear about us? _____

MAKE CHECKS PAYABLE TO: Fernbrook Farms, PO Box 228, Bordentown, NJ 08505
FOR CREDIT CARD PURCHASES ONLY:

Name on Credit Card: _____

Type of Card: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ Total Charged: \$ _____

Signature: _____

PLEASE DO NOT WRITE IN THIS SPACE.

DR _____	DLS _____	FPR _____
PIFLS _____	PLS _____	Total Discounts _____

**Fernbrook Farms Education Center
Fiddlehead Camp/Enrichment
Parent/Guardian Agreement**

This application is made and accepted in accordance with the provisions of the Fernbrook Farms Education Center (FFEC) registration and cancellation policies.

In order that Fernbrook may provide each camper maximum opportunity for learning and personal development we occasionally transport children to off premise activities such as vegetable farms, orchards or a horse farm. I give permission to transport my child off premise.

I certify that my child's current physical condition is satisfactory for participating in all the FFEC Summer Programs. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the FFEC Programs.

In case of emergency I authorize my child to receive first aid from Fernbrook staff and/or be transported to the nearest hospital by emergency medical personnel. I desire that notification of such emergency be sent to me by prompt means of communication. I understand that I am responsible for any bills related to hospital or doctor visits.

I hereby (a.) release and discharge (b.) waive and relinquish and (c.) covenant not to sue Fernbrook Farms Education Center, Fernbrook Nursery, Fernbrook Bed & Breakfast, Fernbrook Farm CSA, it's respective administrators, directors, agents, officers, members, volunteers, employees, and owners and Lessees of premises on which activities take place from all liability, claims, demands, losses, or damage on my account caused or alleged to be caused in whole or in part by the negligence of any of the above named including the negligence of emergency operations.

It is my desire that my child be enrolled, as indicated on the front of the application, subject to the above conditions. I have enclosed the \$50 non-refundable deposit and agree to pay full tuition within the terms stated in the enrollment information. In signing this application I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the camp with the name of the carrier and policy number. By signing this registration I accept full responsibility for all incurred program fees and expenses.

I have read this agreement and all other information referenced herein, fully understand that I have given up certain rights by signing it and have signed it freely and without inducement or assurance of any nature.

Child's Name: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

Please return this agreement, along with the completed application and your deposit payable to "Fernbrook Farms."