

**Fernbrook Farms Education Center  
2010 Fiddlehead Day Camp  
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			

Week	By 1/15	By 4/1	After 4/1
___ July 6 – July 9 (4 day week)	\$180	\$192	\$232
___ July 12 – 16	\$225	\$240	\$290
___ July 19 – 23	\$225	\$240	\$290
___ July 26 – 30	\$225	\$240	\$290
___ August 9 – 13	\$225	\$240	\$290
___ August 16 – 20	\$225	\$240	\$290
___ August 23 – 27	\$225	\$240	\$290
___ August 30 - September 3	\$225	\$240	\$290
___ Extended Care AM Only – 7:30	\$ 15/week		
___ Extended Care PM Only – 5:30	\$ 25/week		
___ Extended Care AM & PM	\$ 40/week		

Application is <b>NOT</b> valid unless the Parent Agreement has been signed and a \$50 deposit accompanies this form. <b><u>NO REFUNDS</u></b> after June 1.
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**TOTAL DUE: \$ \_\_\_\_\_ A \$50 deposit (included in the rate) is required to hold your space, unless you have chosen to pay in full upon registration.**

**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: \_\_\_\_\_

<b>PLEASE DO NOT WRITE IN THIS SPACE.</b>		
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."**