

REGISTRATION SUMMER PROGRAM 2011

www.4MSFARM.net

(518) 477-5470

STUDENT NAME:

AGE: _____ SCHOOL GRADE: _____

HOME ADDRESS:

ALLERGIES: _____

INSURANCE :

Medical Insurance: # _____

Policy Name: _____

Dr #: _____ Dr. Name: _____

Hospital Choice: _____

Photo Release

I give / do not give (*circle one*) permission to 4M's Farm to use images of my child, _____ (*name*), for promotional purposes on their website and/or on printed brochures.

(legal guardian signature)



2011 Class Preferences – Mark as 1, 2, 3, 4, 5

WEEK #1 July 4-July 8 _____

WEEK #2 July 11-July 15 _____

WEEK #3 July 18-July 22 _____

WEEK #4 July 25-July 29 _____

WEEK #5 Aug 1-Aug 5 _____

Price per student: \$360 – 1 wk
5% Discount if paid in full by 6/1/11 - \$340
20% non-refundable deposit due now -\$70

Authorized Person(s) for Pick Up/Drop Off:

#1 _____

#2 _____

EMERGENCY PHONE #s:

#1: _____

#2: _____

Print Parent/Guardian Name:

BALANCE DUE ON OR BEFORE FIRST CLASS.

MAKE CHECKS PAYABLE TO: 4M'S FARM

NOTE: This is a full 5 day class and it is important for camper s to attend each day. P lease do not ask for pro-rated discounts due to vacation plans.

For office use:

Date Deposit Received: _____

Check #: _____ Amount: \$ _____

Date Paid in Full: _____