

# THE F.A.R.M. INSTITUTE

## 2008 SPRING Registration Form

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

**Please check the program your child will be participating in:** *(please note all programs open to all schools everyday w/transportation option available Tuesdays, Wednesdays & Thursdays from selected schools\*)*

**After School (Grades 1-5)**  Tuesday (\*Tisbury)  Wednesday (\*Charter/Chilmark)  Thursday (\*OB/WT)  
 Friday Farmer's-In-Training (Ages 10 +)  Saturday Afternoon Work (Ages 5+)

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**Does your child have any allergies or medical conditions?** *Circle one* **NO YES**

If yes, please explain: \_\_\_\_\_

### **PERMISSION TO ADMINISTER MEDICATION**

I give authorization to the Director of The FARM Institute to administer medication to my child named above if it becomes necessary. I understand that I am expected to bring in the medications in their original bottle that clearly states all instructions for administration of the medication.

### **PERMISSION TO ADMINISTER FIRST AID**

In the event of an emergency, I give permission to the staff of The FARM Institute to administer the necessary first aid to my child.

### **PHOTO RELEASE**

I permit The FARM Institute to take photographs of my child to support the mission and programs of The FARM Institute. These photographs may be used in printed and/or digital documents.

I agree to the above permission requests: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent*

\_\_\_\_\_ \$120 – Tuesday/Wednesday/Thursday After School – 8 weeks/2hour sessions\*

\_\_\_\_\_ \*need transportation option from \_\_\_\_\_ (school) on \_\_\_\_\_ (day of the week)

\_\_\_\_\_ \$150 - Farmers-In-Training - 10 weeks/2hour sessions

\_\_\_\_\_ \$155 - Saturday Afternoon Work - 7 weeks/3hour sessions

Amount Enclosed: \$ \_\_\_\_\_ CK# \_\_\_\_\_ Payment Received: \_\_\_\_\_

Please **RETURN Registration form with Payment to:** The FARM Institute  
PO Box 1868  
Edgartown, MA 02539

*Please dress your child appropriately- we will get dirty! Boots and rain gear are a great idea!*