



The FARM Institute

Wee Farmer Registration Form

Date: _____

Child's Name: _____ (first/middle/last)

Week(s): Please select the week or weeks that you want your child to attend:

Week #	Dates	Check one:	Cost
Week 1	Session for 2 year olds: 06/17 & 06/19	<input type="checkbox"/>	
Week 1	Session for 3-4 year olds: 06/18 & 06/20	<input type="checkbox"/>	
Week 2	Session for 2 year olds: 06/24 & 06/26	<input type="checkbox"/>	
Week 2	Session for 3-4 year olds: 06/25 & 06/27	<input type="checkbox"/>	
Week 3	Session for 2 year olds: 07/01 & 07/03	<input type="checkbox"/>	
Week 3	Session for 3-4 year olds: 07/02 & 07/04	<input type="checkbox"/>	
Week 4	Session for 2 year olds: 07/08 & 07/10	<input type="checkbox"/>	
Week 4	Session for 3-4 year olds: 07/09 & 07/11	<input type="checkbox"/>	
Week 5	Session for 2 year olds: 07/15 & 07/17	<input type="checkbox"/>	
Week 5	Session for 3-4 year olds: 07/16 & 07/18	<input type="checkbox"/>	
Week 6	Session for 2 year olds: 07/22 & 07/24	<input type="checkbox"/>	
Week 6	Session for 3-4 year olds: 07/23 & 07/25	<input type="checkbox"/>	
Week 7	Session for 2 year olds: 07/29 & 07/31	<input type="checkbox"/>	
Week 7	Session for 3-4 year olds: 07/30 & 08/01	<input type="checkbox"/>	
Week 8	Session for 2 year olds: 08/05 & 08/07	<input type="checkbox"/>	
Week 8	Session for 3-4 year olds: 08/06 & 08/08	<input type="checkbox"/>	
Week 9	Session for 2 year olds: 08/12 & 08/14	<input type="checkbox"/>	
Week 9	Session for 3-4 year olds: 08/13 & 08/15	<input type="checkbox"/>	
Week 10	Session for 2 year olds: 08/19 & 08/21	<input type="checkbox"/>	
Week 10	Session for 3-4 year olds: 08/20 & 08/22	<input type="checkbox"/>	
Week 11	Session for 2 year olds: 08/26 & 08/28	<input type="checkbox"/>	
Week 11	Session for 3-4 year olds: 08/27 & 08/29	<input type="checkbox"/>	

My child is: ___Female ___Male

Child's Date of Birth: _____

Child's age as of when your program week begins: _____

Custodial parent(s) or guardian(s) Name: _____ (First /Last)

Relationship to child: Father Mother Other _____

Permanent address	
Address	
Town/City	
State/Province/Zip Code	
Country	
Phone (home)	

Island address	
Address	
Town/City	
State/Province/Zip Code	
Country	
Island Phone	
Cell Phone	
Phone (other)	

Email address: _____

Additional Emergency Contact. Must be completed!

◆ *Should know the participant well and/or can assist us in reaching a parent/guardian*

Name: _____ Relationship: _____

Phone (Day): _____ Phone (Cell): _____

Full payment is due with this registration form.

Refunds/Cancellations: Cancellations must be received in writing at least **FOUR (4)** weeks prior to your child's first program week. A refund will be issued minus a \$30 administrative fee. Cancellations received with less than four weeks notice will not receive a refund. The administrative fee is non-refundable & non-transferable.

If you would like to contribute to our scholarship fund, please print and mail us the information below:

Yes, I want to help the kids come to summer programs at The FARM Institute with my gift of:

___\$50 ___\$100 ___\$200 ___\$365 ___ other _____ (specify)

You gift of \$365 would really help! That's how much The FARM Institute needs to raise per child for each week of camp.

Please add this amount to the total amount owed for Wee Farmer in the payment method box below.

Payment method: ___Check or ___MC/Visa Total enclosed/charged to credit card: \$_____

Please make checks payable and mail to: **The FARM Institute**, P.O. Box 1868, Edgartown, MA 02539

MC/Visa#

3-digit security#

Exp. Date

Print Name as Appears on Card

Signature

The FARM Institute Wee Farmer Release & Waiver/Authorization Form

Wee Farmer Release: **Please note in case of a request for the release of your child to a person not listed below, your child will remain with our staff until you have been contacted and have given us written permission to release your child. Therefore, please be specific regarding people to whom your child may be released. If there are specific people to whom your child should not be released, as an extra precaution, please inform the camp in writing. To make additions or changes to the list, the parent/guardian may send a signed note to The FARM Institute.*

My child may be released to the following people (include carpool drivers and those who may pick up in case of an emergency):

Child's Name: _____ Week#(s): _____

1. Name: _____ Parent(s)/Guardian(s)

Waivers/Authorizations: **Adjustments/cross outs allowed on number 2 only.*

1. **Outdoor farm related activities** are an integral part of The FARM Institute's programs and the participant may be exposed to sun, ticks, and insects. I understand that it is my responsibility to provide my child with sunscreen and insect repellent and instruct him/her in its appropriate use. Some ticks may transmit disease after being attached for over 24 hours and it is my responsibility as a guardian of a minor to do a thorough body check every day and to remove any ticks that may become attached.

2. **Photo release:** I hereby give permission to The FARM Institute to use photographs, slides, or videos of the person herein described and his/her creative materials (poems, drawings, stories, etc.) to be used for publicity purposes, public relations, promotional materials, FARM Institute website, and/ or newsletters.

3. **Program:** I understand that The FARM Institute reserves the right to change program activities, instructors, and/or to cancel programs should government action, low enrollment, or circumstances that make The Wee Farmer operation impossible or unwise.

4. **Expectations/Non-acceptance/Dismissal:** The person herein described has permission to participate in all program activities similar to those described in the program brochure and I have informed the camp of any limitations. I understand that participants must follow the safety rules of The FARM Institute and that The FARM Institute has the right to dismiss a participant from the program due to any situation(s) that is potentially harmful to staff and other campers. I understand that refunds are not given for missed days.

I, the legal guardian/parent of the child described herein, have read, understood, and agree to all of the above.

Signature _____ Printed
Name _____ Date _____

The FARM Institute Wee Farmer Program Price List

Tuesday/Thursday
Age 2 w/ parent or adult
9:30-11:00

- Price: \$60/2-day session

Wednesday/Friday
Ages 3-4 w/ parent or adult
9:30-11:00

- Price: \$60/2-day session