



2021 Milky Way Farm

SUMMER CAMPER REGISTRATION FORM

Educating and Inspiring Youth in Agriculture

mwfsummercamp@gmail.com

Name: _____ Age: _____ DOB: _____

Address: _____ Grade (entering in Fall): _____

_____ School: _____

Camp Session: Please circle "*" for which week of camp you are registering for each child.

Note "*" indicates camp program offered for each week. Only 1 week of Farm Camp per summer per camper.

Little Farmer camp has an alternating year curriculum for those wishing to enroll in consecutive years.

2021 Summer Camps at Milky Way Farm	Little Farmer (4-6 year olds) \$ 160 9:30am-12noon	Farm Fun 1 <i>Going into</i> 2nd-3rd grade \$285 9:30am-2pm	Farm Fun 2 <i>Going into</i> 3rd-4th grade \$285 9:30am-2pm	Farm Fun 3 <i>Going into</i> 4th-5th grade \$285 9:30am-2pm	Farm Fun 4/5 <i>Going into</i> 5th-7th grade \$285 12:30-5pm
June 14-18	full	full			
June 21-25	full		1 spot- email first to confirm availability		
June 28-July2	full			3 spots left- email first to confirm availability	
July 5-9	full	full			10 spots- email first to confirm availability
July 12-16	full		2 spots- email first to confirm availability		
July 19-23	full			10 spots- email first to confirm availability	
July 26-30	full	full			

Total Payment: _____ Check ____ Venmo  Venmo Payment Name: _____

5% Discount available for 2 or more children from same family (full payment to Milky Way Farm before camp date)

Curriculum designed and supervised by teacher with M Ed. Small camp sizes - ratio of 2 counselors to 12 campers.

Minimum 6 campers must be registered to run camp. If camp cancelled, refunds will be offered.

In the event of an emergency, we would contact you immediately regarding the safety and well-being of your child. Should no one be reachable by phone, and emergency medical treatment is required, we need to be able to take care of your child's emergency. Therefore, we have been legally advised to have a medical information form completed for all Day Campers and Employees in our confidential files. This information will be requested 1 week prior to camp. No child will be permitted to participate in our camps if the medical information is not provided.

Parent/Guardian Information - Please place an asterisk (*) next to the best # in case of an emergency
Please print clearly and legibly for successful communication via email.

1. Name: _____

Home phone # _____ Cell # _____

Email _____

2. Name: _____

Home phone # _____ Cell # _____

Email _____

Milky Way Farm
2021 Summer Camp
Parent/ Guardian Agreement

I certify that my child’s physical condition is satisfactory to participate in the Milky Way Farm Summer Camp Program. I recognize and acknowledge that there are certain risks of 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 Milky Way Farm Summer Camp Program.

In case of emergency, I authorize my child to receive from Milky Way Farm staff and/or be transported to the nearest hospital by emergency medical personnel. 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, (c.) agree not to sue Milky Way Farm and its respective administrators, employees, volunteers, and owners of premises on which activities take place from all liability, claims, demands, losses, or damage on my account 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 top of the form, subject to the above conditions. I have enclosed the payment and agree to pay the full tuition. In signing this form, 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 form, I accept full responsibility for all incurred program fees and expenses.

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

I authorize Milky Way Farm to use any photographs or video footage of my child for any daily communication to camper families, camp projects, promotional or other legitimate reason.

_____ Yes _____ No _____ Discuss with me first day of camp

Child’s Name _____ Parent Name _____

Parent/ Guardian Signature _____ Date _____

How did you hear about our summer camp program? (Returning camper, Newspaper, Friend, Flyer, Website)

If paying by Venmo, please sign and email completed form to mwfsummercamp@gmail.com. Put name of child, camp name and dates when recording payment on Venmo so it can match with registration to be consi.
If paying by check, Mail registration or Drop off at Farmhouse (not mailbox):
Milky Way Farm, 521 E. Uwchlan Ave, Chester Springs, PA 19425
Registration confirmed after receiving form AND payment.

Registrations are “first come-first accepted.” This is important to note if registering with friends. Email will be sent upon receipt of registration form AND payment to show camper is accepted into that session, and again when camp has met maximum registrations.