

## SMITHFIELD FARM SUMMER CAMP FORM 2018

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of Parent (s): \_\_\_\_\_

Emergency Contact/ Person Authorized to pick up child other than Parent/Guardian:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Allergies/Medications:

\_\_\_\_\_  
\_\_\_\_\_

Notes/Important Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ week one: July 2<sup>nd</sup>-3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup> (Four Day Week, \$260.)

\_\_\_ week two: July 9<sup>th</sup>-13<sup>th</sup>

\_\_\_ week three: July 16<sup>th</sup>-20<sup>th</sup>

\_\_\_ week four: July 23<sup>rd</sup>-27<sup>th</sup>

\_\_\_ week five: July 30<sup>th</sup>-August 3<sup>rd</sup>

\_\_\_ week six: August 6<sup>th</sup>-10<sup>th</sup>

\_\_\_ week seven: August 13<sup>th</sup>-17<sup>th</sup>

\_\_\_ week eight: August 20<sup>th</sup>-24<sup>th</sup>

\_\_\_ week nine: August 27<sup>th</sup>-31<sup>st</sup>

\_\_\_ Yes... I am interested in extended care. (Offered Daily from 8:00 A.M. and 3:00 to 6:00 P.M. or any part thereof.) Extended care fee is \$8.00 hourly.