

Barreras Family Farm Summer Day Camp Registration From 2018

Please complete the following information about your child. This information is confidential and kept on file in case of an emergency. This form must be completed before your child can attend camp. Thank you!

Day Camp Requested (Please circle): Week 1 Week 2 Week 3 Week 4
Week 5 Week 6 Week 7 Week 8 Week 9

Amount Enclosed: Day Camp \$135 (per camp selected) _____ \$125 (for sibling, per camp selected) _____
Payment required for registration- Check or Credit Card (pay online or call to be e-mailed a PayPal invoice)-
Cancellations subject to a \$35 processing fee. No refunds will be provided 2 weeks prior to session date. No
refunds during the week of camp.

How did you hear about our Summer Day Camp Program? _____

All campers must be bathroom independent.

Day Camper Information

Child's Full Name _____
Age _____ Birth Date _____ Grade this Fall _____ Gender _____
Child lives with _____
Parent's/Guardian's Name _____
Street Address _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail _____
Parent's/Guardian's Name _____
Street Address _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail _____
Any person(s) other than yourself authorized to pick up your child? Yes _____ No _____
Name _____ Phone _____
Name _____ Phone _____

Your child will not be released to any person other than parents/guardian, emergency contact or person(s) listed above.
Please pick your child up promptly. Drop off is no more than 10 minutes ahead of start time and pick up is no
later than 10 minutes after camp. A late fee of \$10 for each additional 10 minutes will need to be collected at
time of late pick-up.

Medical and Emergency Information

If neither parent/guardian is available contact:
Emergency name _____ Relationship _____
Street Address _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency name _____ Relationship _____
Street Address _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Doctor's Name _____ Phone _____
Street Address _____
City _____ State _____ Zip code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Allergies: Hay fever _____ Insect bites _____ Penicillin _____ Food (please list) _____

Other _____

Medical Conditions _____

Restrictions to any activities _____

Is your child on medication? Yes _____ No _____ Medications _____

Will any medication need to be given while your child is at camp? Yes _____ No _____

PLEASE NOTE: All medication must be given to Mariel Barreras, Day Camp Team Leader in its original container(s) with a medical request form. (See below) All medications will be kept in farm office and locked away. Does your child have any special needs (physical, learning, etc.) or request that we should be aware of? _____

Emergency Release:

In the event of an emergency, I give permission for the staff of Barreras Family Farm to obtain emergency medical treatment for my child, (first & last name) _____. I understand that every effort will be made to contact me and/or my emergency contact. I understand that if necessary, this child will be transported by ambulance to the nearest hospital. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Parent/Guardian Signature _____ Date _____

Medication Request Form:

I, (first & last name) _____ hereby request that the staff of Barreras Family Farm administer the following medications to my child, (first & last name) _____.

Medication _____ Dosage _____ Time _____ Dates _____

Medication _____ Dosage _____ Time _____ Dates _____

I understand that all prescription medications must be in original containers listing the doctor, pharmacy, name of drug, dosage, date of prescription and child's name. Container must be in a sealed plastic bag.

Parent/Guardian Signature _____ Date _____

T-Shirt: your child will be receiving a camp t-shirt. Please indicate size required:

Youth Sizes: Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

Adult Men's Sizes Small _____ Medium _____ Large _____ X-Large _____

Photo-Video Release:

_____ I give permission to use my child's first name/photo in publications, advertisements, Barreras Family Farm's web page, Facebook or news articles pertaining to Barreras Family Farm Summer Day Camp activities. It will not be used for commercial purposes.

_____ I do not give permission to use my child's first name/photo in publications, advertisements, Barreras Family Farm's web page, Facebook or news articles pertaining to Barreras Family Farm Summer Day Camp activities.

Parent/Guardian Signature _____ Date _____

Please Return this completed form and payment to

**Barreras Family Farm
1814 County Road P41
Omaha, NE 68122
931-216-8389**

barrerasfamilyfarm@gmail.com

For office use only:

Date Received: _____ Date Paid _____ Method _____

Date Confirmation Sent by email _____

Camp Amount _____ T-shirt amount _____ Total _____

Receipt # _____

Camper # _____ Type of Camp _____ Session Date _____