



Farm Explorers Application

For children ages 8 to 13

Upon arrival at the Hawthorne Valley Farm Learning Center, students will be served a nutritious organic snack. Tuesdays we will usually focus on a craft and/or cooking project: crafts will be created using natural materials such as wood, clay, plants, and fibers; cooking projects will incorporate products from our farm. Thursdays we will work together on farm-based outdoor activities, including caring for our sheep and chickens, as well as working in our garden. We will always have time for stories and play, too!

Child's Full Name

Child's Birth Date and Gender

Street Address/ State and Zip Code

Full Name of Parent or Responsible Adult

Home Phone Number

Cell Phone/Work Phone

Email

Alternate Contact Name and Phone

1. Has your child ever done any cooking before? Where? How often?
2. Does your child have particular food allergies? (please bring an EPI pen) Other allergies? Other health conditions we should know about? (Please list all reactions)
3. Does your child have particular food preferences, or dietary restrictions? Is he/she vegetarian?

Fees are on a sliding scale of \$80-120 for the entire twice weekly, four-week session. The actual cost of attending the camp is indicated by the high end of the sliding scale. Parents are encouraged to pay the actual cost. However, if a family cannot afford it, they may choose to pay anywhere within the range. **If your child is eligible for free or reduced lunches through the National School Lunch Program (NSLP), then this program is offered free of charge.**

Session One operates every Tuesday and Thursday in the month of October (the 4th through the 27th).

(Please continue with the other side of this form.)

Students who attend Montgomery C. Smith Intermediate School in Hudson can receive transportation to and from this program. Students will be picked up at school and driven to Hawthorne Valley Farm. They will be returned to the Hudson Youth Department's Boys and Girls Club at 5:45 pm. There is limited space available for this service, so in order to be eligible the students must fill out **BOTH** the Hudson Department of Youth form **and** a school Authorization and Release form.

Amount you are planning to pay: _____. **Please enclose a check for the full amount due or for a \$50 deposit, the balance due at the first class.**

Family Physician: _____ **Office Phone:** _____

Health Insurance Information (company, policy#) _____

In the event of a medical emergency, I authorize the Hawthorne Valley Farm Learning Center to contact the appropriate person listed above and/or to obtain the necessary emergency treatment for my child.

In the event of a serious emergency, the child will be transported to the nearest health care facility and the parent/guardian will be notified.

Permission to use photos or videos of your child for publicity purposes:
Yes_____ No_____

Parent/Guardian Signature **Date**

How did you hear about this program? _____

Please send this application to:
Caroline Smialek
Hawthorne Valley Farm Learning Center
327 County Route 21C
Ghent, New York 12075

518-672-7500 x 232
caroline@hawthornevalleyfarm.org