

# REGISTRATION FORM

## for Seed Song Center Youth Farm & Nature Program

**Note:** If your child attended a camp or education day program at Seed Song Center in the past year, please indicate. We already have their information on file so you need only fill in the name and information that has changed.

### Child and Parent/Guardian Information

**please fill out a separate form for each child attending (skip all duplicate information)**

name of child (l,f): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

name of contact parent/guardian (l,f): \_\_\_\_\_

phone: mobile: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_

email: \_\_\_\_\_

mailing address: \_\_\_\_\_

how did you hear about our Youth Farm & Nature program?

\_\_\_\_\_

**I permit Seed Song Center to take photos, videos, and sound clips of my child(ren) and my child(ren)'s projects, and to use them at their discretion.**

(sign:) \_\_\_\_\_ (print name:) \_\_\_\_\_ date: \_\_\_\_\_

name of other parent/guardian if applicable: \_\_\_\_\_

phone: mobile: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_

email: \_\_\_\_\_

address: \_\_\_\_\_

Name of Other that may pick up child: \_\_\_\_\_

phone: mobile: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_

Emergency Contact: name: \_\_\_\_\_ phone(s): \_\_\_\_\_

How will your child(ren) get to and from the program? \_\_\_\_\_

medical/dietary/behavioral/other information you'd like us to know about your child including food and other allergies, IEP's or treatment plans (attach paper if needed):

**Please mail, email (via e-document or photograph), or deliver in person this form before your child's first day to:**

Seed Song Farm & Center; 160 Esopus Ave; Kingston, NY 12401

info@seedsongfarm.org

# PAYMENT FORM for Seed Song Center Youth Farm & Nature Program

Please indicate all dates and times your child(ren) will attend:

PRICE FOR ONE TIME BLOCK FOR THE:

<u>MONTH</u>	<u>DATES</u>					<u>TIME BLOCK</u>		<u>PRICE FOR ONE TIME BLOCK FOR THE:</u>				
								<u>Full</u> Season ( 15%	<u>Full</u> Month 10%	<u>Full</u> Week 5%	<u>Per</u> Day --	<u>YOUR</u> PAYMNT Discounted )
Sept		16	17	18		12-3pm	3-6pm	\$1578	\$350	\$105	\$35	_____
	21	22	23	24	25	12-3pm	3-6pm			\$166	\$35	_____
	28	29	30			12-3pm	3-6pm			\$166	\$35	_____
Oct			1	2		12-3pm	3-6pm	\$693	\$70	\$35		_____
	5	6	7	8	9	12-3pm	3-6pm			\$166	\$35	_____
	12	13	14	15	16	12-3pm	3-6pm			\$166	\$35	_____
	19	20	21	22	23	12-3pm	3-6pm			\$166	\$35	_____
	26	27	28	29	30	12-3pm	3-6pm			\$166	\$35	_____
Nov	2	3	4	5	6	12-3pm	3-6pm	\$630	\$166	\$35		_____
	9	10	11	12	13	12-3pm	3-6pm			\$166	\$35	_____
	16	17	18	19	20	12-3pm	3-6pm			\$166	\$35	_____
	23	24	25	-	27	12-3pm	3-6pm			\$166	\$35	_____
30	NOTE: The program will continue into December, January, and beyond											

Make a tax-deductible contribution to our youth program scholarship fund (optional): \_\_\_\_\_

Make a tax-deductible contribution to grow our programs (optional): \_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

**CURRENT PAYMENT:** \_\_\_\_\_

**REMAINING BALANCE:** \_\_\_\_\_

Please (1) mail or (2) email registration forms, and mail a check payable to "Seed Song Center" to:

Seed Song Center; 160 Esopus Ave, Kingston, NY 12401. Alternatively, you may (3) RSVP by email or phone and bring in your forms to the address above.

**Questions? Leave message at [info@SeedSongFarm.org](mailto:info@SeedSongFarm.org) or (845) 383-1528**

This program has rolling admission until full. Please Forward to friends that may be interested. Thanks!