



# Seed Song Center REGISTRATION FORM

## For Fall Farm Camp Programs at Seed Song Farm

*We have rolling admission until programs are full, which often happens quickly. Register early!*

### Part A: Child and Parent/Guardian Information

**Please fill out a separate form for each child attending**

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

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

Phone: mobile: \_\_\_\_\_

work: \_\_\_\_\_

Email: \_\_\_\_\_

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

How did you hear about our program? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

**Please also provide other medical/dietary/behavioral information you'd like us to know about your child, including a copy of IEP if applicable .**

What are some of your child's current interests/hobbies? \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Other that may pick up child \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

**Please provide a paper copy of the child's immunization history when submitting your application, or bring prior to the child's first day of camp.**

Subpart 7-2 of the New York State Sanitary Code requires camps to maintain immunization records for all campers which includes dates for all immunizations against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, rubella, poliomyelitis, tetanus and varicella (chickenpox). The record must be kept on file for every camper and updated annually.

**Part B: Attendance and Payment Information for Fall Day Programs**

Please indicate all dates & time blocks for which you are registering

MONTH	DATES					TIME BLOCK		Full	Full	Full	Per	YOUR
	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	Any 3 hrs between 12-6pm	Season	Month	Week	Day	PAYMENT	
							15%	10%	5%	< - - Discounted		
Sept	13	14	15	16	17	1pm-4pm 3pm-6pm	\$1,680	\$513	\$180	\$38	_____	
	20	21	22	23	24	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
	27	28	29	30	1	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
Oct	4	5	6	7	8	1pm-4pm 3pm-6pm		\$650	\$180	\$38	_____	
	<del>11</del>	12	13	14	15	1pm-4pm 3pm-6pm	--	\$144	\$38	_____		
	18	19	20	21	22	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
	25	26	27	28	29	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
Nov	1	2	3	4	5	1pm-4pm 3pm-6pm		\$616	\$180	\$38	_____	
	8	9	10	11	12	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
	15	16	17	18	19	1pm-4pm 3pm-6pm	--	\$180	\$38	_____		
	22	23	24			1pm-4pm 3pm-6pm	--	\$108	\$38	_____		

FALL DAY PROGRAM SUB-TOTAL: \_\_\_\_\_

*Please Forward our camp information to friends that may be interested: [www.SeedSongFarm.org/camp](http://www.SeedSongFarm.org/camp)*

**An essential part of our mission is to make our healthy farm experiences available to ALL**

Make a tax-deductible contribution to **Low-Income & Immigrant Camper Fund** (optional): \_\_\_\_\_

Make a tax-deductible contribution to **Camp Program Expansion Fund** (optional): \_\_\_\_\_

METHOD:  Paypal  Check # \_\_\_\_\_  
 Cash  Other \_\_\_\_\_

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

CURRENT PAYMENT minimum 50%: \_\_\_\_\_

REMAINING BALANCE due: \_\_\_\_\_

Please e-mail or drop-off registration, medical, & covid forms to the address below:

Please Pay via Paypal link at [www.seedsongfarm.org/register-for-camp.html](http://www.seedsongfarm.org/register-for-camp.html) or drop off a check payable to 'Seed Song Center' to:

**Seed Song Center, 160 Esopus Ave, Kingston, NY 12401**

## Parent COVID Agreement Form

To ensure that every child has as safe, fun, and meaningful an experience as possible at Seed Song Center's Farm Camp, for the time being we require every parent to print and sign the following Covid Agreement Form and submit with registration.

Upon arrival to camp each day, the drop-off parent/guardian must initial a Temperature Log demonstrating that your child(ren)s temperature has been checked that morning (you can use our no-touch forehead bump thermometer if needed), that it is below 100.3 degrees F, and that the child has not exhibited any of the symptoms below:

**Signs and symptoms of COVID-19:** (compiled from WHO checklist)

- ~Shortness of breath    ~Loss of taste or smell
- ~Chest tightness                      ~Dry cough
- ~Temp over 100.3                      ~Aches and pains

Ulster County COVID-19 Hotline: [845-443-8888](tel:845-443-8888)

Monday – Saturday | 9:00 AM – 5:00 PM

NYS Coronavirus Info Hotline: [888-364-3065](tel:888-364-3065)

### Collective Agreement with Seed Song Center camp staff and families:

**“By sending my child to Seed Song Center's camp, I pledge that my family's habits outside of camp will be transparent and safe on behalf of all camp families and staff. While my child(ren) attend(s) camp and for one week prior, my family and/or housemates will keep as safe a distance as practicable from any source of potential contagion.**

If anyone in my home or my child(ren)'s home experiences an above-listed symptom of COVID-19, or has had contact with a known positive case in the last 14 days, we will not send our child(ren) to camp until we have gotten a negative test. I am aware that my actions at home could seriously impact essential workers and other camper families.

My child will bring a mask to camp each day, and will need to wear it whenever they are in an enclosed or shared space. I will ensure that the person that drops off and picks up my child wears a mask at these times and follows this agreement.

I understand that in order to serve families, Seed Song Center has committed resources to the camp program and staff even knowing the risk that camps may be shut down by New York State, or that one camp group may become infected and need to stay at home. I will share in this risk and am aware that camp fees can not be refunded in the case of a shut-down, as well as in the case of any child(ren) illness in which the child's space can not be filled from a waiting list.”

Name of Parent(s)/ Guardian(s) (please print): \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_

[signature(s)]

