

# Seed Song Center Registration Form

## For 2019 Spring Break Day Programs at Seed Song Farm

### **Part A: 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 summer program? \_\_\_\_\_

**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: \_\_\_\_\_

**Applicants to morning programs for 3-4 yrs and younger, please skip to Part B -->**

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): \_\_\_\_\_

medical/dietary/behavioral/other information you'd like us to know about your child, including attaching a hard copy of any applicable treatment plan(s):

**---- please continue to Part B: Attendance and Payment Information --->**

## Seed Song Center

### REGISTRATION FORM for Summer on the Farm! Programs

#### **Part B: Attendance and Payment Information**

Note: We've received funding to make our camp program available to families of all income levels. Please don't let cost prevent your child from attending-- contact us.

<u>Date</u>	<u>Time</u>	<u>Ages</u>	<u>Cost</u>	<u>Amount</u>
M 3/15	9am-3pm	5-12+	\$65	_____
T 3/16	9am-3pm	5-12+	\$65	_____
W 3/17	9am-3pm	5-12+	\$65	_____
W 3/17	10am-11:30am	3-4 and younger	\$20	_____
Th 3/18	9am-3pm	5-12+	\$65	_____
F 3/19	9am-3pm	5-12+	\$65	_____
M 3/22	9am-3pm	5-12+	\$65	_____
M-F 3/15-3/19	9am-3pm	5-12+	\$295	_____
M-M 3/15-3/22	9am-3pm	5-12+	\$350	_____

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

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

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

A minimum deposit (non-refundable) of 50% is required to reserve your child's spot(s).

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

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

Balance due before the start of the first program child will attend.  
Please mail registration forms and check payable to "Seed Song Center" to:  
Seed Song Center, 160 Esopus Ave, Kingston, NY 12401

questions? Leave message at [info@seedsonfarm.org](mailto:info@seedsonfarm.org) or (845)902-8154