

Seed Song Center REGISTRATION FORM

For Spring & Summer on the Farm! 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: _____

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): _____

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.

Please also provide other medical/dietary/behavioral information you'd like us to know about your child, including attaching a copy of any applicable treatment plans or IEP:

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Part B: Attendance and Payment Information (continued from reverse)

<u>Date</u>	<u>Description</u>	<u>Cost</u>	<u>Amount</u>
M-F 6/29-7/3	FIRE wind water WORKS 1-week	\$350	_____
M-F 7/6-10	Return to the Trees 1-week	\$350	_____
M-F 7/13-17	Young Seed Song Farmers 1-wk	\$350	_____
M-F 7/20-24	The Land Grows Music 1-week	\$350	_____
M-F 7/27-29	SuperPlants of Farm & Forest 1-wk	\$350	_____
M-F 8/3-7	Goats, Chickens, & Wild Animals 1-wk	\$350	_____
M-F 8/10-14	Bugs, Pollinators, & Flowers 1-week	\$350	_____
M-F 8/17-21	Esopus Village Back in Time 1-week	\$350	_____
M-F 8/24-28	Best Of Seed Song Camp 1-wk	\$350	_____

Make a tax-deductible contribution to our camp scholarship fund (optional): _____

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

GRAND TOTAL: _____

CURRENT PAYMENT: _____

REMAINING BALANCE: _____

We have a rolling admission until Fall

Please (1) mail, or (2) e-mail registration forms, and mail check payable to "Seed Song Center" to: Seed Song Center, 160 Esopus Ave, Kingston, NY 12401. Alternatively, you can (3) RSVP by email or phone and bring in your forms to the address above.

Questions? Leave message at education@SeedSongFarm.org or (845) 383-1528

To ensure every family is confident that their child can have a safe, fun and adventure-filled experience at Seed Song Farm Camp, we will require every parent to print and sign this Orientation page. Upon arrival to camp each day, we will also require you to initial on our Temp Check Calendar that you have checked your child(ren)s temperature that morning and it is below 100.3 and that they have not exhibited any of the symptoms below. We appreciate your cooperation at this time.

Signs and symptoms of COVID-19: (compiled from [WHO](#) checklist)

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

Collective agreement to Seed Song Center and other camper families

“Sending my child to summer camp is an agreement to be transparent and safe on behalf of all the camper families. We have stayed a safe distance from possible contagion and have not had contact with a known positive case in the last 14 days. If myself, anyone in the family or my child(ren) experience signs or symptoms of COVID-19, we will not send our child(ren) to camp until we have gotten a negative test. I am aware my actions at home effect essential workers at the farm and other camper families.”

X _____

Ulster County COVID-19 Hotline:

845-443-8888

Monday – Saturday | 9:00 AM – 5:00 PM

NYS Coronavirus Information Hotline:

888-364-3065