

# Kitsap Farm Camp 2011

360-479-3117

[info@kitsapfarmcamp.org](mailto:info@kitsapfarmcamp.org)

[www.kitsapfarmcamp.org](http://www.kitsapfarmcamp.org)

Camp is held at Pheasant Fields Farm  
13274 Clear Creek Road, Silverdale

**Preschool Camp**      *\*Special Session For 4 - 5 year olds\**  
July 18 - 22      Monday to Friday      \$115

10 am - 1:30 pm

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*\*For 6-8 and 9-11 year olds\**

<b>Session 1</b>	<u>August 1 - 5</u>	Monday to Friday	\$115
<b>Session 2</b>	<u>August 8 - 12</u>	Monday to Friday	\$115
<b>Session 3</b>	<u>August 15 - 19</u>	Monday to Friday	\$115
<b>Session 4</b>	<u>Aug 22 - 26</u>	Monday to Friday	\$115

10 am - 2:30pm

**Discounts:** 10% from the family's fee for 2 or more sessions, or 2 or more campers  
Full summer discount: \$390 for sessions 1,2, 3, and 4 Save \$70  
Alumni Appreciation: - \$5 (Pay last year's rate: \$110)

Camper's name \_\_\_\_\_

Session number(s) \_\_\_\_\_

Age group    4 - 5 \_\_\_\_\_ 6 - 8 \_\_\_\_\_ 9 - 11 \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at start of camp \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contacts

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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\_\_\_\_\_  
\_\_\_\_\_

## Who can pick up your child from camp?

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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\_\_\_\_\_  
\_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

How to transport in case of emergency? \_\_\_\_\_

Medical Insurance \_\_\_\_\_

What are the health considerations we need to be aware of (particularly food allergies)?

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Kitsap Farm Camp staff is authorized to take necessary steps to provide essential medical care in case of an emergency.

**Emergency Plan**

- 1- Try to contact parent**
- 2- Try to contact child's doctor**
- 3- Try to contact person named as emergency contact**
- 4- If we can't contact these people we will:**
  - A- Call another doctor**
  - B- Call an ambulance**

I understand that there are no refunds for camp tuition within two weeks of the session(s) in which my child/children are registered. I agree to pay the balance one month prior to the session my child is attending. If the balance is not paid, the camper's place in the session will not be held and the \$30 prepayment will not be returned. I understand that the camp fees do not include accident or illness insurance. Kitsap Farm Camp is not responsible for any expenses incurred and I agree to release any records necessary for insurance purposes. I give my permission for my camper to participate in all Camp activities and emergency medical care to be given if needed.

I authorize the Camp to have, use, publish, and reproduce photographs, slides, moving pictures or television video tapes for its records or public relations program. Permission is granted for the camper to participate in all planned Camp activities and programs. I have read the Kitsap Farm Camp price schedule. I understand and accept the Camp's policy concerning prepayment, tuition, and terms of enrollment. I also understand that once a registration is accepted by the Camp, no refunds or transfer of funds will be made for withdrawal, dismissal, failure to attend, or incomplete attendance. Kitsap Farm Camp is not responsible for lost items.

Kitsap Farm Camp does not charge in its normal session fees for providing special needs services. Our camp's ability to accommodate the special needs of children is limited. If the parents of children with special needs of any nature (e.g. behavioral or physical) would like to have their child be a Kitsap Farm Camp camper, the nature and scope of any special needs must be provided and reviewed before registration. We work to be as inclusive as possible within the limits of our available resources, and we are open to creative solutions to enable all kids to participate. It is the parents' responsibility to fully disclose the camper's special needs.

How did you learn about Farm Camp? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with your payment, or a non-refundable minimum prepayment of \$30 made out to "Sprouts Farm Camp". **VERY IMPORTANT: Checks may not be made out to "Kitsap Farm Camp"**. Balance must be received within two weeks of start of your camp session. Send payments along with your registration form to:

Sprouts Farm Camp  
c/o Jo Walter  
310 S. Constitution Ave.  
Bremerton, WA 98312

**Thank you!**