

Kitsap Farm Camp
Story Theater Camp 2009

at Pheasant Fields Farm
13274 Clear Creek Rd NW
Silverdale, WA 98383

360-479-3117

info@kitsapfarmcamp.org

www.KitsapFarmCamp.org

August 10 - 16

Monday to Saturday 3:30 - 6pm \$120

Discounts: 10% from the family's fee if more than one child is enrolled
10% from family's fee if you have enrolled in both a Farm Camp
and also in Story Theater Camp

Child's name _____ Age _____

Birth Date _____

Address _____

City, State, ZIP _____

Phone _____

E-mail address _____

Parent/Guardian _____

Work Phone _____

Work Place _____

Emergency Contacts

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Who can pick up your child from camp?

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

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)?

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. Though we aim to be as inclusive as possible, 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 Story Theater Camp?

Signature of Parent or Guardian _____ Date _____

Please return this form with a non-refundable minimum \$30 prepayment made out to “**Sprouts Camp**”. Balance must be received within two weeks of start of your camp session. Send payments to:

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

Thank you!