

**Hallockville Museum Farm**  
**2008 Summer Camp Registration Form**

6038 Sound Avenue Riverhead, NY 11901

631-298-5292 (tel); 631-298-0144 (fax)

hallockv@optonline.net

Name of camper: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age as of July 2008: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**Check week(s) will your child be attending**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Revolutionary War   | <input type="checkbox"/> Lewis and Clark  | <input type="checkbox"/> Discover Nature     |
| <input type="checkbox"/> Arrgh...Pirate Week | <input type="checkbox"/> Life on the Farm | <input type="checkbox"/> Old Fashioned Games |

**Single Child Rates\***

	<i>Members</i>	<i>Non-members**</i>
Full day (9 AM to 3 PM)	\$240	\$300
Half day (9 AM to Noon)	\$160	\$200

**Sibling Rates (30% Discount; attach **separate** form for **each** child)**

	<i>Members</i>	<i>Non-members**</i>
Full day (9 AM to 3 PM)	\$165	\$210
Half day (9 AM to Noon)	\$110	\$140

\* Ask about discounts for youths aged 13 to 15 interested in being a counselor in training.

\*\* Contact Hallockville to obtain membership applications.

Weeks checked for this child \_\_\_\_\_ x rate/week \_\_\_\_\_ = **Total fee** \$ \_\_\_\_\_

*A minimum deposit of 50% of the total fee for each child is required to secure a reservation. The balance of the total payment is due no later than June 20, 2008. Deposits are fully refundable through June 20 but will not be refunded after that date*

**Deposit paid:** \$ \_\_\_\_\_

**Payment type**

\_\_\_ Check enclosed (make payable to Hallockville., Inc.)

\_\_\_ Credit card: \_\_\_MC \_\_\_VISA \_\_\_AMEX

Card number \_\_\_\_\_ Expiration date: \_\_\_\_\_

**How did you hear about the Hallockville Summer Camp?**

**Name of camper:** \_\_\_\_\_

**CONTACT INFORMATION**

Home street Address and apt. number: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

**Primary Contact Information**

Parent/Guardian #1: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Alternate/Emergency Contact Information\***

Name #1 \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*In the case of an emergency and primary contacts cannot be reached, alternate contacts will be contacted. These individuals must be at least 21 years old.*

**Name of Camper:** \_\_\_\_\_

**All information requested below is required for registration and attendance**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunization dates:**

DPT/DT: \_\_\_\_\_ Haemophilus Influenza type b: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

MMR: \_\_\_\_\_ Varicella (Chicken Pox): \_\_\_\_\_ Polio: \_\_\_\_\_

Allergies (medication, food, etc.) \_\_\_\_\_

Please list and describe any medical issues and restrictions that might limit participation in camp activities:

\_\_\_\_\_  
\_\_\_\_\_

Is your child currently on any medications, including inhalers? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes,** name the medication(s) \_\_\_\_\_

**If yes,** does the medication need to be taken during camp hours? Yes\* \_\_\_\_\_ No \_\_\_\_\_

***\*Written permission from a parent/guardian will need to accompany the medication and the medication must be self-administered.***

Please describe any behavioral issues, any special needs, or considerations that would be helpful for staff to know, to provide a safe and happy experience for your child.

\_\_\_\_\_

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Emergency Release:

I give my permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me at the primary contact numbers I provided on the registration form. In the event that I cannot be reached at these primary numbers, I understand that every effort will be made to contact the alternate contacts I provided on the registration form.

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

\_\_\_\_\_  
Date

I give my permission for my child to participate in all program activities and in any supervised trips to venues not on camp property. I agree to permit the use of photographs and videos in which my child appears in any camp or Hallockville Inc. publications or promotions

While every precaution will be taken to ensure the safety and good health of all campers and the protection of camper's property, I understand and hereby agree that Hallockville, its directors, and employees are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the camper or damage to the camper's property while traveling to or from camp; while on camp property; or while on a supervised trip off camp property.

I understand the camp's registration policies and I agree to be responsible for payment of all fees due to Hallockville Inc.

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

\_\_\_\_\_  
Date