

Serendipity Farm & Stables

Camp Registration Form

Child's Name: _____ D.O.B. _____

Address: _____ Phone Number# _____

_____ E-Mail _____

Parents or Legal Guardian Name: _____

Work # _____ Cell # _____

Preferred Medical Doctor: _____

Preferred Dentist: _____

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Camp Week Preferred:(ex Week 1:) _____

Day Camp Preferred : _____

Day Camp cost refer to each flyer:\$

Additional Children 10% discount

Total Amount enclosed :\$__

Check #

Balance due 2 weeks prior to scheduled date. Any withdraws 7 days of scheduled date are entitled to a 50 % refund.

I acknowledge that all liability waivers have been signed. In addition, I will provide my child with a sack lunch, and water bottle both with their names printed. I will dress my child appropriately for out door sports and weather. I will also pick up my child promptly at 3:30 pm otherwise I will be charged a fee of \$5.00 per 15 minutes.

I _____ (Parent/Guardian) also give permission should my child _____ need medical attention & if all possible efforts have been made, to transport _____ (Child's Name) to the nearest medical facility for treatment.

Signature of Parent or Legal Guardian

Date

Sunny 95 coupons cannot be accepted for any Day Camp

This form along with payment & liability waiver are required for class registration