

# Primitive Pursuits After School programs 2010 Registration Form

**Child's Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**“Field & Forest”**, Tuesdays 2:30-5pm, Feb. 23<sup>rd</sup> – May 4<sup>th</sup>, for youth ages 8-12.

*Please note: there will be no program on April 6<sup>th</sup>.*

The location is **Dilmun Hill Student Farm**, near the corner of Pine Tree Road & 366 in Ithaca.

Cost is \$150-\$200, self-determined sliding scale.

**“Wilderness Explorers”**, Wednesdays March. 3<sup>rd</sup> to May 5<sup>th</sup> for ages 7-13 (*no program on April 7th.*)

Grades 3-5 from 2:30-5:30pm

Grades 6-8 from 3:30-5:30pm

This program meets at **4H Acres**, 418 Lower Creek Rd. Ithaca NY

Cost is \$160-\$200, self-determined sliding scale.



We request payment in full when you register. If that isn't possible, a minimum of \$50 (non-refundable) is required to hold a space. **Payment in full is due two weeks prior to session start date**; if not received you may lose your space to someone on the waiting list. Please contact us with payment questions or to request a scholarship application.

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

**If we can't reach you in an emergency, whom should we contact?** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **How to contact:** \_\_\_\_\_

**Child's Information:**

**Allergies** \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

**Other Concerns/Dietary preferences** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age at start of program:** \_\_\_\_\_ **Grade in Jan. 2010:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Homeschooled?** Yes / No **Gender?** M F **How did you hear about this program?** \_\_\_\_\_

By signing this form I give permission for my child to participate in the above-mentioned Primitive Pursuits program of Cornell Cooperative Extension/4-H Youth Development. I give permission for Cornell Cooperative Extension staff and emergency medical personnel to give my child medical treatment if necessary. I give permission for Cornell Cooperative Extension staff to transport my child. I give permission for my child's photo to be used for Primitive Pursuits or Cornell Cooperative Extension promotional/educational/social media. I give my consent to receive information about future Primitive Pursuits programs. I give permission for my child to use a knife and tend fires with adult supervision. I understand that I should alert Cornell Cooperative Extension staff to any medical conditions or allergies that my child may have. I understand that my child may be getting muddy, smelly, and bug bitten.

Please check here if you **do not** want your child's photo used by Primitive Pursuits on our social network site (currently Facebook.com)

This is my first Primitive Pursuits Program and I was referred by \_\_\_\_\_

**In addition to me, the following people have permission to pick my child up from the program:**

Please confirm my registration by (circle one)      email      phone

Program Cost \$ \_\_\_\_\_ (funds from sliding scale are used for scholarships) Amount enclosed \_\_\_\_\_

In addition I would like to support future programming with a tax deductible gift! \$ \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to **Primitive Pursuits** and send c/o CCE-TC, 615 Willow Ave. Ithaca, NY 14850  
Or you may give cash or credit card information to the CCE-TC receptionist.

FOR STAFF USE ONLY:    rec'd on \_\_\_\_\_    deposit rec'd \$ \_\_\_\_\_    balance due \$ \_\_\_\_\_  
confirmed on \_\_\_\_\_    balance rec'd on \_\_\_\_\_    database updated \_\_\_\_\_

