

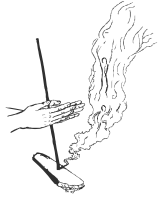
Primitive Pursuits ~ School Breaks

Spring Camp 2010 Registration Form

Child's Name _____ Parent/Guardian Name _____

"Spring Camp" is April 5th-9th, 9am -3pm, for ages 6-14 (we will divide into similar-age groups).
The location is 4-H Acres, 418 Lower Creek Rd., Ithaca.

Staff will be on-site from 8:30am to 3:30pm for supervision and to extend the fun!



Choose from three options:

- #1: Monday and Tuesday \$110 - \$140 (self-determined sliding scale)
 #2: Wednesday-Friday \$145-\$195 (self-determined sliding scale)
 #3: Monday-Friday \$205-\$305 (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 on March 22nd; 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: _____ Current Grade: _____

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 Primitive Pursuits 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 _____