

Primitive Pursuits ~ Winter Home School Programs 2010

I, _____, the parent/guardian of _____ give permission for him/her to participate in the following Primitive Pursuits program offered by Cornell Cooperative Extension/4-H Youth Development at 4-H Acres:

Thursday Winter Explorers: A Homeschool Program for ages 8-16

FULL!

Meeting at **CCE: 615 Willow Ave. Ithaca, NY**

Thursdays (**8 week session**) 9:00am - 1:30pm; Jan. 14th - March 4th

Cost: **\$220-\$320** (self-determined sliding scale)

Wednesday Winter Explorers: A Homeschool Program for ages 8-16

Meeting at **CCE: 615 Willow Ave. Ithaca, NY**

Wednesdays (**8 week session**) 9:00am - 1:30pm; Jan. 13th - March 10th (no program on Feb. 17th)

Cost: **\$220-\$320** (self-determined sliding scale)

Winter Tracks & Trails: A Homeschool Program for ages 5-8 (and their parents)**

** All participant parents are welcome and encouraged to join.

Eco-Village, Ithaca NY; meet in front of the Song Community House

Tuesdays (**6 week session**) 9:30am - 1:00pm; Feb. 23rd - March 30th

Cost: **\$150-\$250** (self-determined sliding scale)

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)

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 (Please fill out one form for each child):

Allergies _____

Medical Conditions _____

Other Concerns/Dietary preferences _____

Birth Date: _____ Age at start of program: _____ Current grade: _____

Gender M F Optional: Race _____ Hispanic? Y N

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

Amount to be paid _____ Amount enclosed _____ (funds from sliding scale are used for scholarships)

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.