



Summer Camp Application

Child's Name:

For 6-8 Year olds:

June 10-14

July 8-12

Address:

Birthdate:

For 9-11 year olds:

June 17-21

July 15-19

Age: M or F (circle one) Grade Level: _____

Parent's Names:

email Address:

Home/cell Phone #:

Work Phone #:

Emergency Phone #:

Child to be picked up by:

T-shirt size:

Medical conditions or Allergies we should know about:

Do you keep Kosher? _____

I do do not give permission for my child's picture to be used for promotional materials for Legare Farms Summer Camp. These pictures may be used on our web site, Facebook page or other promotions.

Signed:

Email completed applications to helen@legarefarms.com