

# Sunrock Farm Spring Break Camp Registration

Phone: 859-781-5502 Fax: 859-572-0260 Email: [email@sunrock.org](mailto:email@sunrock.org) Website: [Sunrockfarm.org](http://Sunrockfarm.org) 103 Gibson Lane, Wilder KY 41076

## Camper Information

Returning Camper  Yes  No



Last \_\_\_\_\_ First \_\_\_\_\_ (Nickname) \_\_\_\_\_

Age \_\_\_\_\_ DOB / / Last Grade Completed \_\_\_\_\_ School \_\_\_\_\_

Describe any allergies, special needs, restrictions or medications(reason):

## Parent(s)/Guardian Information

Last \_\_\_\_\_ First \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

## Camp Requests *Choose one or more days or the whole week.*

March 26-30	April 2-6
M-F 9:00 – 3:00	M-F 9:00 – 3:00
\$75 per day or \$230 per week	\$75 per day or \$230 per week
Ages 5-12	Ages 5-12
M: _____	M: _____
T: _____	T: _____
W: _____	W: _____
Th: _____	Th: _____
F: _____	F: _____



## Payment Information

<input type="checkbox"/> Check (Make checks payable to <b>Sunrock Farm</b> , 103 Gibson Lane, Wilder, KY 41076.) <input type="checkbox"/> Cash	Total Amount Paid
<input type="checkbox"/> Credit Card # _____ Security Code _____ Expiration Date (mm/yy) _____ Name on Card _____ Address Associated with Card _____ Phone Number Associated with Card _____	

You will receive a confirmation, via Email or regular post, within two weeks of sending the registration. Cancellations for camps will be refunded minus a processing fee of \$30/camper up until 2 weeks prior to camp start date. After that, no refunds will be offered. Changes to camp day(s) selected are allowable up until the 7 days prior to the camp start date. If a camp day enrollment is low, the day will be cancelled, and all fees returned.

*"I agree not to send my child to spring day camp unless she/he is in good physical condition and has not been exposed to a communicable disease. My child has permission to receive emergency medical care. I understand that photos of camp activities may be taken during the course of the camp and used in farm advertising and publications."*

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Comments & special requests: \_\_\_\_\_

Sunrock Farm reserves the right (1) to refuse registration for health reasons. For example, the farm environment may not be good for children with severe hay allergies; (2) to cancel a camper's attendance for health or disciplinary reasons.

