



Flinchbaugh's Orchard & Farm Market

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Flinchbaugh's Orchard and Farm Market's Little Sprouts Summer Class

Summer 2015
Wednesday's, June 17-August 5



Registration Form

(one form per child please)

Child's Name: _____ Age: _____

Gender: _____ Birthdate: _____

Allergies: _____

Allergic to Bee Stings: _____

Dietary Restrictions: _____

Any Other Medical Issues We Should Be Aware Of: _____

Parent/ Guardian: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you give us permission to use your child's photo? Yes No
(circle one)

Is your child attending with a sibling and/or a friend? Yes No
(circle one)

Names: _____

Emergency Contact: Name: _____

Phone Number: _____ Relation: _____

(over)

Please circle below, the classes your child WILL BE attending under the correct class time.

****NOTE: Our 9AM class is very full, with limited availability. Please consider the 11AM class. (updated 5/30/15)**

Wednesday 9AM	Wednesday 11AM
June 17th: What Does a Farmer Do?	June 17th: What Does a Farmer Do?
June 24th: Chickens and Eggs	June 24th: Chickens and Eggs
July 1st: The Produce Basket	July 1st: The Produce Basket
July 8th: Fruit Salad	July 8th: Fruit Salad
July 15th: Where Does Milk Come From?	July 15th: Where Does Milk Come From?
July 22nd: Why Are Plants So Important?	July 22nd: Why Are Plants So Important?
July 29th: The Flowers and The Bees	July 29th: The Flowers and The Bees
August 5th: Little Sprouts Celebrate on the Farm	August 5th: Little Sprouts Celebrate on the Farm

Wavier:

I, _____, acknowledge that I am the parent or legal guardian of the child identified above and voluntarily authorize my child to participate in the activities at Flinchbaugh's Orchard and Farm Market Little Sprouts Classes. I understand that there are times that minor injuries could occur and I give permission for authorized personnel at Flinchbaugh's Orchard and Farm Market to administer first aid to my child. In the event of a major injury, I understand emergency personnel will be contacted. I prefer that my child would be transported to _____ Hospital. I give permission to the medical personnel to treat the above child. I agree to defend, indemnify, hold harmless, waive and release Flinchbaugh's Orchard and Farm Market, together with its owners and employees against any and all liability, claims and causes of action arising out of or in any way connected with my child's participation in Flinchbaugh's Orchard and Farm Market Little Sprouts Classes.

Parent/ Guardian Signature: _____ Date: _____

To be completed by Flinchbaugh's Orchard Staff:

Check One: Pre-Paying for Classes: _____ Paying Day of Classes: _____

Number of Classes Attending: _____ X \$6 (if paid before June 15) = _____ (amount due)
 X \$8 (if paid after June 15) = _____

Payment Method: _____

Staff Initials: _____ Date: _____

