

Little Sprout's Summer Class

by Flinchbaugh's Orchard and Farm Market

Summer 2016
Wednesday's, June 15-August 3
NEW: Evening class time available!



REGISTRATION FORM

(one child per form please)

Child's Name: _____ Age: _____

Gender: _____ Birthdate: _____

Allergies: _____

Allergic to Bee Stings (yes, no or unknown): _____

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: _____



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

Wednesday 9AM

Wednesday 11AM

NEW!! Wednesday 5PM NEW!!

June 15: An Apple a Day	June 15: An Apple a Day	June 15: An Apple a Day
June 22: Oink! Oink! Pigs and Bacon	June 22: Oink! Oink! Pigs and Bacon	June 22: Oink! Oink! Pigs and Bacon
June 29: Pumpkins and Gourds	June 29: Pumpkins and Gourds	June 29: Pumpkins and Gourds
July 6: The Bug War	July 6: The Bug War	July 6: The Bug War
July 13: Farmer's Work	July 13: Farmer's Work	July 13: Farmer's Work
July 20: Goats – Cheese, Milk, Soap	July 20: Goats – Cheese, Milk, Soap	July 20: Goats – Cheese, Milk, Soap
July 27: Vegetables!	July 27: Vegetables!	July 27: Vegetables!
August 3: Let's Celebrate!	August 3: Let's Celebrate!	August 3: Let's Celebrate!

Little Sprouts T-Shirt:

Price: \$9.00 each

T-shirt Color: Yellow

Please circle your child's t-shirt size:

X-Small

Small

All sizes are child sizes

Medium

Large

X-Large



_____ I would NOT like to purchase a t-shirt for my child at this time.

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:

_____ x \$7/class (if paid before June 13) + _____ = _____

_____ x \$9/class + _____ = _____

of classes

(t-shirt)

(amount due)

Staff Initials & Date

** Provide 1 receipt to guest and attach 1 copy of receipt to the application. **



