

Little Sprout's Summer Class
by Flinchbaugh's Orchard and Farm Market



Summer 2017
Wednesday's, June 14-August 9
Morning and Evening Class Times Available!
9AM, 11AM and 5PM

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	Wednesday 5PM
June 14: Wiggly Worms & Compost	June 14: Wiggly Worms & Compost	June 14: Wiggly Worms & Compost
June 21: The Soil We Grow In	June 21: The Soil We Grow In	June 21: The Soil We Grow In
June 28: The Little Red Hen	June 28: The Little Red Hen	June 28: The Little Red Hen
July 5: Dig 'em Up	July 5: Dig 'em Up	July 5: Dig 'em Up
July 12: Eggs. From Hen to Home	July 12: Eggs. From Hen to Home	July 12: Eggs. From Hen to Home
July 19: Flower Power	July 19: Flower Power	July 19: Flower Power
July 26: Tomato Trivia	July 26: Tomato Trivia	July 26: Tomato Trivia
August 2: Fruits of our Labor	August 2: Fruits of our Labor	August 2: Fruits of our Labor
August 9: Farm Harvest Party	August 9: Farm Harvest Party	August 9: Farm Harvest Party

Little Sprouts T-Shirt: Price: \$9.00 each T-shirt Color: Teal

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 \$8/class (if paid before June 7)	+	_____ =	
_____ x \$10/class	+	_____ =	
# of classes	(t-shirt)	(amount due)	Staff Initials & Date

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



