



Farm in the City
 275 Syndicate St. N.
 St. Paul, MN 55104

2008 Summer Program Registration Form

Please complete one Registration Form for each child

Date _____ Name of child _____ Date of birth _____

Name of parent or guardian _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Emergency contact name _____ Emergency phone _____

Relation to child _____

Health insurance provider _____

Health insurance group # _____ Health ins. member # _____

Physician's name _____ Physician's phone _____

Please list any illnesses, allergies, medications, or special medical needs of this child

In the event that the parent or guardian is unavailable, I authorize the following individual(s) to pick up my child:

Name _____ Name _____

Media Coverage

- I understand that photographs, articles or video footage of the Summer Program may include images or names of my child or myself, and that Farm in the City uses these media for public relations and promotional purposes. I give permission to Farm in the City to use such media for public relations and promotional purposes. I release Farm in the City from any and all claims arising out of or in connection with the use of media related to the Summer Program for public relations and promotional purposes, including any and all claims for libel.
- Do not use my name or image, or my child's name or image in media coverage.

 Parent or guardian - Print name Parent or guardian - Signature Date

Volunteering

I'd like to volunteer during the Summer Program. (We especially need folk musicians from different cultures.) Here's what I can do:

 My available dates/days and times are: _____

Questions? Need a scholarship form? Email tomg@farminthecity.org or call 651-249-9279



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Basic Program: Harvesting the Imagination - Ages 7 to 12 *(Culture week order subject to change)*

<input type="checkbox"/> June 16-20, Asia	(M-F, 9 am-3 pm) \$165	<input type="checkbox"/> Add Creative Aftercare, \$60 (M-F, 3-6 pm)	\$
<input type="checkbox"/> June 23-27, S. & Latin Amer.	(M-F, 9 am-3 pm) \$165	<input type="checkbox"/> Add Creative Aftercare, \$60 (M-F, 3-6 pm)	\$
<input type="checkbox"/> June 30-July 3, Africa	(<u>M-Th only</u> , 9 am-3 pm) \$140	<input type="checkbox"/> Add Creative Aftercare, \$50 (<u>M-Th</u> , 3-6 pm)	\$
<input type="checkbox"/> July 7-11, Pacific Islands	(M-F, 9 am-3 pm) \$165	<input type="checkbox"/> Add Creative Aftercare, \$60 (M-F, 3-6 pm)	\$
<input type="checkbox"/> July 14-18, N. America	(M-F, 9 am-3 pm) \$165	<input type="checkbox"/> Add Creative Aftercare, \$60 (M-F, 3-6 pm)	\$
<input type="checkbox"/> July 21-25, Europe	(M-F, 9 am-3 pm), \$165	<input type="checkbox"/> Add Creative Aftercare, \$60 (M-F, 3-6 pm)	\$

Specialty Camps - Ages 10 to 12 only *(in partnership with Concordia University Hmong Culture & Language Camp)*

<input type="checkbox"/> July 28-August 8, Photography and Documentary Filmmaking	(M-F, 9am-3pm), \$330	<input type="checkbox"/> Add Creative Aftercare, \$120 (M-F, 3-6 pm)	\$
<input type="checkbox"/> July 28-August 8, Community Art Project	(M-F, 9am-3pm), \$330	<input type="checkbox"/> Add Creative Aftercare, \$120 (M-F, 3-6 pm)	\$
Total Fees			\$ <input style="width: 100px;" type="text"/>

Discount | Available if one of the following is true and you register and pay in full by May 31st

This is my second or third child enrolled in the 2008 Summer Program
Other sibling(s): _____

- OR -

I am registering this child for three or more weeks in the 2008 Summer Program

10% Discount \$ _____

Total Fees less Discount \$

If you are interested in a scholarship, STOP HERE and request a Scholarship Application Form.

Donation | In 2007, 40% of all children in the Summer Program depended on some level of financial aid. Your donation will be added to our scholarship fund, allowing more children to reap the benefits of the Summer Program.

Donation Amount \$

Payment | Partial payment is required to secure enrollment.

Full payment enclosed *(Required for discount)*

1/2 payment enclosed *(Balance due first day of session)*

Amount Enclosed \$

Scholarship Amount *(to be completed by Farm in the City staff)* \$ _____ **Due after Scholarship** \$

Registration deadline: Discount is available only if registered and paid in full by May 31, 2008

Cancellation/absence policy:

- If any session (week) is full, you will be promptly notified and will receive a full refund for that session.
- If you cancel any session 14 or more days before the session begins, we will refund all but \$20 of your payment.
- If you cancel any session less than 14 days before the session begins, you will receive no refund.
- No refunds or credit will be given for a child's absences.

Send forms and payment to: Farm in the City Summer Program, 275 Syndicate St. N., St. Paul, MN 55104

Questions? Need a scholarship form? Email tomg@farminthecity.org or call 651-249-9279