



The Barn School at Indian Ladder Farms 2010

342 Altamont Rd., Altamont, NY 12009 518-765-2956 mcs@indianladderfarms.com

Enrollment Form

One Form per Child

Participant's Name _____ Birth date _____

Parent/Guardian's Name _____

Session Name _____ Session Date _____

Tuition:

Barn Schoolers, - June 28 - July 2 or Aug. 30 - Sept. 3 \$150.00 9am-12 includes snack *Ages 7-14*

Life on the Farm in the 1800's July 12 - 16 \$150.00 9am-12 includes snack *Ages 7-14*

We Love Rabbits July 19 - 23 \$150.00 9-12 includes snack *Ages 6-13*

Primitive Skills & You Aug. 9 - 13 \$300.00 9am-4 pm includes snack, bring your own lunch *Ages 7-14*

When payment has been received, a confirmation letter and receipt for tax purposes will be sent to you. The release forms must be on file before the beginning of the session.

Classes fill up quickly. Enrollment will only be guaranteed with payment.

We look forward to bringing the excitement of the farm to life with your child.

Media Release Form

Participant's Name _____

As the parent/guardian of the above mentioned participant in The Barn School at Indian Ladder Farms, I give my permission to Indian Ladder Farms to use pictures of my son/daughter involved in The Barn School activities. This includes, but is not limited to, press releases, promotional materials, and any film or television segments.

Parent's Name Printed _____

Parent's Signature _____ Date _____

Please include tuition with enrollment forms. Make checks payable to Indian Ladder Farms.

Mail To:

The Barn School

Indian Ladder Farms

342 Altamont Rd.

Altamont, NY 12009

For office use

Paid \$ _____ Check # _____ Credit Card _____ Received by _____ Date _____



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Medical Information and Release Form *Please Print*
If there are no medical issues one form can be completed per family.

Participant's Name(s) _____ Birth date(s) _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

E-mail (*Parent or child-most frequently checked*) _____

Phone (Home) _____ (Day) _____ (Cell) _____

EMERGENCY CONTACT (if parent/guardian cannot be reached)

Name _____ Relationship _____

Phone (Home) _____ (Day) _____ (Cell) _____

HEALTH INSURANCE INFORMATION

Insurance Company _____

Name of Insured _____ Insurance Phone # _____

Subscriber# _____ Group # _____

PROVIDER INFORMATION

Family Doctor _____ Phone # _____

Hospital preference _____

HEALTH HISTORY Does your child suffer or has your child suffered from any of the following:

Yes	No	Condition	Notes
		Asthma	
		Diabetes	
		Seizures	
		Bee Sting Allergy	
		Food Allergies (list on back)	
		Drug Allergies (list on back)	

List any and all medications (including dosage) your child will be required to take while at The Barn School at Indian Ladder Farms. Please label all medications with the child's name. Prescription medications should be in the original, labeled bottle.

If your child has any other medical or educational concerns, please include the details on the back of the form or on a separate sheet.

Being the natural parent/legal guardian of the above mentioned participant, I do consent to his/her participation in The Barn School at Indian Ladder Farms. I know of no medical reason prohibiting my child from participating in the 2010 session. I am aware that any program, even moderate supervised outdoor activities, bears some risk to the participant's health. I further agree that if he/she does suffer any injury, then Indian Ladder Farms, and The Barn School, through its employees, independent contractors, or agents, have my permission to sign any consent forms required to perform any necessary emergency medical treatment.

I have made my child aware that minor physical activity will be occurring at The Barn School. They will notify the staff of any allergies, sickness, or injury preventing them from participating. I understand the program's hours outlined in the brochure/webpage. I bear the responsibility of transporting my child to and from the farm and I also understand that The Barn School is not responsible for my child outside of program hours.

I hereby release Indian Ladder Farms, The Barn School and its employees, agents or independent contractors of any liability and/or negligence claims resulting from my child's participation in The Barn School at Indian Ladder Farms.

Should my child require minor medical treatment, (for headache, scrapes, burns, etc.), I give permission to the staff of The Barn School at Indian Ladder Farms to administer over-the-counter medicine and products.

Signature of parent/guardian _____ Date _____

THIS FORM MUST BE ON FILE BEFORE YOUR CHILD WILL BE ADMITTED