

**\*New Policy:** No cell phones or other electronic devices are allowed at Family Farm. Children need to be free of electronics while at camp.

# FAMILY FARM CHRISTIAN DAY CAMP

18448 Hwy 67 ♦ Malvern AR 72104  
501-337-4171

Office Use Only	
Date Rcv'd _____	Date Rcv'd _____
Cash/M.O./Ck# _____	Cash/M.O./Ck# _____
Amount Pd _____	Amount Pd _____
Bal Due _____	Balance Due _____

**Please Print!**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Name & Ph # if parents cannot be reached \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Ph \_\_\_\_\_

Father's Work Place & Ph \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Ph \_\_\_\_\_

Mother's Work Place & Ph \_\_\_\_\_ Mother's Email \_\_\_\_\_

Physician's Name \_\_\_\_\_ Clinic \_\_\_\_\_ Physician's Ph \_\_\_\_\_

Medical Condition/Info (Allergies, present medications, etc): \_\_\_\_\_

Additional Info: \_\_\_\_\_

## **2019 Spring Break Camp – March 18<sup>th</sup> – 21<sup>st</sup>, 2019**

### **Transportation requested from:**

Benton (Holland Chapel) \_\_\_\_\_ Hot Springs (Old Lakeside Gym) \_\_\_\_\_ Arkadelphia (Caddo Valley Baptist Church) \_\_\_\_\_

Sheridan (Landmark Baptist Church) \_\_\_\_\_ (if available) No Transportation Requested (Car Rider) \_\_\_\_\_

**FEES: Camp Fee:** \$125.00 (1 child) • \$225.00 (2 children) • \$335.00 (3 children) (must be siblings)

**Transportation Fee:** \$15.00 per week/per child. **Deposit (to reserve place in camp):** \$25.00 per week/per child

**Example with transportation: Camp Fee \$125.00 + \$15.00 Transportation Fee = \$140.00 \*Deposit is not additional charge\***

**Please include transportation fee with registration.**

**Example w/out transportation: Camp Fee \$125.00 = \$125.00**

**Amount Enclosed** \_\_\_\_\_

**How to pay: You may mail entire amount of \$125 or \$140 (if using transportation) or you may mail \$25 deposit to reserve place in camp, then send remaining balance any time before camp or send with child on Monday morning of camp.**

## **DAY CAMP CONSENT FOR EMERGENCY MEDICAL CARE, TRANSPORTATION, AND CAMP ACTIVITIES**

I hereby request and give consent to the directors of Family Farm or duly appointed representative, for my child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency, when the parents cannot be reached. I also give my consent for Family Farm to transport my child in emergencies. • My child has permission to participate in activities such as horseback riding, archery, riflery, fishing, canoeing, paddle boats, riding cable swings/zip lines, games, creek activities and other activities that the camp directors feel are safe and supervised. • I release Family Farm, their owners, successors, and any employee(s) from any and all liability for loss, damage, injury, death, illness, or any other claim now and forever regarding the participation in any activities associated with Family Farm for myself, my children, and wards. • I give Family Farm Camp permission to use photos taken of my child at camp for camp publications.

**Parent or Guardian signature (must be signed) \_\_\_\_\_ Date \_\_\_\_\_**

*We will send a confirmation with your camp date, what to bring, & travel info.*

*Please call (501) 337-4171, email us at [info@familyfarm.org](mailto:info@familyfarm.org) or visit our website at [www.familyfarm.org](http://www.familyfarm.org) for more information.*

Mail to: Family Farm ♦ 18448 Hwy 67 ♦ Malvern AR 72104