

GROWING SEASON

Registration Form

To enroll, please mail the completed registration form, health form, student/parent questionnaire, and deposit payment to:

Growing Season
 c/o Peggy Rockefeller Farms
 538 Norway Drive
 Bar Harbor, ME 04609

Student's Name _____

Age _____ Date of Birth _____

Address _____

Parents/Guardians _____

Phone Numbers _____

E-mails _____

Scholarship Policies

Full and partial scholarships are available upon request. To apply for a scholarship, please contact us in advance of registration by calling (207) 522-8158 or emailing growingseason@coa.edu

Registration Policies

A \$100 deposit is required at the time of registration and will be applied to the total cost of tuition. The balance payment is due by May 30th. Cancellations made up to two weeks prior to start of the session will receive a full refund. No refunds can be given with less than two weeks notice.

Register by April 30th for our Early Bird \$50 discount!

Please check the box(es) below to indicate which 2-week session(s) your child will join us at *Growing Season*. You will receive a confirmation letter in the mail. If space is unavailable at the time of registration, we will call you. Please make checks payable to College of the Atlantic.

2016	Tuition Cost Per 2-Week Session:
	\$450 (by April 30 th) \$500 (after April 30 th)
6/20 – 7/1	
7/5 – 7/15	
Total Due	
Amount Enclosed (at least \$100 deposit)	
Balance Due May 30th	

We are happy to offer extended day options for \$7 per hour. Payment will be due at the beginning of each session. If you would like to sign your child up for our extended day options, please check below:

- Before Care (8:00 AM – 9:00 AM)
- After Care (3:00 PM – 5:00 PM)

Questions about *Growing Season*? Call Abby Plummer at (207) 522-8158 or email growingseason@coa.edu

GROWING SEASON

Health Record and Release Form

Student's Name: _____

First person to contact in an emergency:

Name: _____ Relationship to child: _____

Daytime Phone Number: _____ Cell number: _____

Second person to contact in an emergency:

Name: _____ Relationship to child: _____

Daytime Phone Number: _____ Cell number: _____

Name of Child's Doctor: _____

Doctor's Phone Number: _____

My child(ren) may be picked up by the following people: _____

Date of Last Tetanus Shot: _____

Physical or Emotional Conditions, Allergies, Treatments, Medications, or Restrictions:

***Please mail a copy of your child's immunization record prior to the start of *Growing Season*.**

By signing below, I state that the health history listed is correct. My child _____ has permission to participate in all *Growing Season* activities. I understand these activities may include certain risks. I authorize *Growing Season/Peggy Rockefeller Farms/College of the Atlantic* (1) to give medications as listed to my child; (2) to secure emergency medical care at my expense if I am unable to be reached in an emergency. I specifically release *Growing Season, Peggy Rockefeller Farms* and *College of the Atlantic*, their staff, trustees, directors, employees, and volunteers from any claim of any kind arising from my child's participation in the *Growing Season* program. Additionally,

- I authorize *Growing Season/Peggy Rockefeller Farms/College of the Atlantic* to use my child's photo in promotional materials.
- I do not authorize *Growing Season/Peggy Rockefeller Farms/College of the Atlantic* to use my child's photo in promotional materials

Parent/Guardian Signature

Date

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Student & Parent Questionnaire

The daily schedule for Growing Season will in large part be based on the students' summer learning goals and their unique interests as they relate to food and farming. This questionnaire is a very important part of registration, as it will help us to meet those goals and interests.

Student Section

Student's Name: _____ Grade entering in Fall 2016 _____

Have you ever been to a farm before? If so, what kind(s) of farm have you been to? _____

What are your favorite subjects in school? _____

What are your least favorite subjects in school? _____

Which school subjects come most easily to you? _____

Which school subjects are most challenging for you? _____

What do you like to read? _____

Are there any skills that your teacher suggested you practice over the summer? If so, what? _____

Please indicate two ways you think you could benefit from participating in a farm-based summer learning program?

1. _____

2. _____

What two things would you most like to learn about food and farming?

1. _____

2. _____

Please rate how often you think you'd be interested in participating in the following activities at Growing Season:

Activity	Every day	Most days	A few days	Never
Animal Care				
Arts and Crafts				
Cooking				
Farm Stand Management				
Gardening				

Please see reverse side...

How do you see...	Strong	Good	Fair	Weak
Yourself as a learner?				
Your reading skills?				
Your writing skills?				
Your understanding of where food comes from?				

Parent Section

Are there any skills that your child's teacher suggested s/he practice over the summer? If so, what?

Please indicate ways you think your child could benefit from participating in a farm-based summer learning program:

Thank you and we look forward to seeing you at Growing Season!