

**ALLANDALE FARM
OUTDOOR SUMMER PROGRAM
259 ALLANDALE ROAD
BROOKLINE, MA 02467
(TELE) 617/524-1531 (FAX) 617/323-5044
allandalefarm@verizon.net www.allandalefarm.com**

THANK YOU for inquiring about the ALLANDALE FARM OUTDOOR SUMMER PROGRAM! This Program gives children ages four through ten a recreational exposure to outdoor fun and learning on Boston's last and only working farm. We focus our education efforts on gardening, composting, bird and plant identification, walking, farm animals and outdoor games in the natural environment of our farm.

The curriculum will be taught or guided by trained outdoor education teachers and assistants using the full range of natural amenities found at Allandale Farm. Children receive individual, developmentally appropriate attention in age-level groups with a 1:5 teacher:child ratio. Your child should have something to take home or tell you every day.

The program runs weekly. However, we recommend that children sign up for 2 weeks or more; the longer time-frame allows your child to become thoroughly acclimated and comfortable in our unique outdoor environment. Children may sign up for a total of 3 weeks.

Outdoor Summer Program

Mornings-only from 8:45 am – noon

Sessions run weekly
for seven weeks from
June 28 – August 6, 2010

All sessions meet at and are dismissed from
lawn next to the front parking lot at Allandale
Farm.

Cost of the program:
\$375 for one week
\$650 for two weeks
\$900 for three weeks

Extended Day Program

The extended program is for children who wish to stay after the morning program through 2:30 pm, for a total of 5¼ hours.

We will offer this program five days per week while the Summer Program is in session, June 28th until August 6th.

You will need to provide a lunch for your child and we will provide appropriate supervised outdoor recreation.

Cost of the extended program:
\$35.00 per day or \$150.00 per week.

If you are interested, please fill in the required information on the application.

This "camp" must comply with the regulations of the Mass. Department of Public Health and is licensed by the Town of Brookline Board of Health. Parents may review all rules, policies and procedures upon request.

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Application 2010

Please fill out the following forms completely and return to the above address with your deposit as soon as possible. Space is limited and will be filled on a first-come, first-served basis. Your child MUST be at least four years old to start the program. Thank you.

CHILD'S FULL NAME:

NICKNAME: _____ **GENDER:**

AGE (as of 06/30/10): _____ **BIRTHDAY:**

ADDRESS:

TOWN/CITY: _____ **STATE:** _____

ZIP: _____

HOME PHONE: _____

EMAIL: _____

PARENTS:

Parent's Name: _____

Parent's Name:

Home Telephone: _____

Home Telephone:

Office Telephone: _____ **Office Telephone:**

Cell Phone /Pager: _____ **Cell Phone/Pager:**

IN CASE OF EMERGENCY:

NAME: _____ **TELEPHONE:**

(This person must be available while your child is in camp.)

ALLERGIES OR MEDICAL CONDITIONS:

Please **tell us a little bit about yourselves** and your family. What would you like your child to learn or experience this summer? Is this your first experience at Allandale Farm?

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Parent/Guardian Agreement

CHILD'S NAME _____ **DATES** _____

In the unlikely event that my child should require medical attention, I authorize ALLANDALE FARM OUTDOOR SUMMER PROGRAM to have him/her professionally transported to the Faulkner Hospital (one half mile away). If I wish my child to be treated at a different facility, it will be my responsibility to make the necessary transfer. I understand that I will be notified as quickly as possible should an emergency occur.

I grant permission for my child to participate in any and all ALLANDALE FARM OUTDOOR SUMMER PROGRAM activities.

I grant permission to ALLANDALE FARM OUTDOOR SUMMER PROGRAM to have or use photographs, film, voice recordings or video of my child for use in promotion or public relations activities.

I understand that ALLANDALE FARM OUTDOOR SUMMER PROGRAM reserves the right to cancel or alter elements of the Summer Program in the event of any untenable circumstance. ALLANDALE FARM OUTDOOR SUMMER PROGRAM also reserves the right to decline to accept an application and to dismiss a participant from the program after consultation with the parent/guardian for cause as determined by Summer Program Staff.

I certify that my child is covered by health and accident insurance or Medicaid unless other release is obtained and approved..

Insurance Carrier/Policy

Holder _____

Policy Number _____

Effective _____ **to** _____

PARENT/GUARDIAN signature _____
Date _____

This form **MUST** be returned with the Application, Release Form, and Program Registration and Payment Form.

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Release Form

CHILD'S NAME _____

SESSION DATES _____

Please indicate in the space below the names of any persons who you authorize to pick up your child(ren) at the end of the program day. We will not release your child to anyone unless we are authorized by you to do so. In the event that there is a change of plans on any given day, you must notify one of the teachers in writing. Be sure to put down the names of any carpool drivers and/or applicable family members.

Names of individuals to whom my child(ren) may be released during or at the close of the program day.

1. _____

2. _____

3. _____

4. _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

This form **MUST** be returned with the Application, Parent/Guardian Agreement, and the Program Registration and Payment Form.

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Program Registration and Payment

Child's Name _____
06/30/10) _____

Age (as of

Summer Program: (8:45 am – noon)

Please circle the weeks for which you wish

to sign up:

June 28- July 2
 July 5-9
 July 12-16
 July 19-23
 July 26- July 30
 August 2-6

Extended Day: (noon – 2:30 pm)

Please circle the week and the days of the week

for which you wish to sign up for extended day:

June 28- July 2 M/T/W/TH/F
 July 5-9 M/T/W/TH/F
 July 12-16 M/T/W/TH/F
 July 19-23 M/T/W/TH/F
 July 26-30 M/T/W/TH/F
 August 2-6 M/T/W/TH/F

of Weeks: _____

of Weeks:

Amount Due (see below): _____

Amount Due (see below):

Amount enclosed: _____

Amount

Enclosed: _____

To Calculate Amount Due:

1 Week \$375
 2 Weeks \$650
 3 Weeks \$900

Calculate For Extended Day:

\$150 per week OR
 \$35 per day

A non-refundable deposit of \$250 must be submitted with this application. The account balance is due 2 weeks prior to your child beginning the Outdoor Summer Program.

Please also note that we must be in receipt of a **standard up-to-date physician's report and immunization record at least two weeks prior** to your child's enrollment. Your child may NOT begin the Program without the form in our files.
