

# Summer Farm Camp Registration

## Camper Information

- **Child's Full Name:** \_\_\_\_\_
- **Preferred Name/Nickname:** \_\_\_\_\_
- **Age:** \_\_\_\_\_ · **Date of Birth:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_

## [Parent/Guardian #1](#)

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

## [Parent/Guardian #2 \(Optional\)](#)

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

## [Emergency Contact](#)

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_

## [Health & Safety Information](#)

- **Allergies (food, environmental, medication):** \_\_\_\_\_
- **Medical Conditions or Special Considerations:** \_\_\_\_\_
- **Medications Taken Regularly:** \_\_\_\_\_
- **Does your child carry an inhaler or EpiPen? Yes / No**

[Behavior & Support Needs](#)

· **Behavioral, sensory, or learning needs we should be aware of:** \_\_\_\_\_

· **Strategies that help your child feel comfortable:** \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

[Permissions](#)

**Photo/Video Permission:** Yes / No

**Animal Interaction Permission:** Yes / No

**Sunscreen/Bug Spray Application:** Yes / No

[Payment Information](#)

· **Total Due: \$150.00**

· **Payment Method:** Please send check to Southern Hospitality & Etiquette 4925 Keene Road  
Lexington, Ky. 40513

[Parent/Guardian Signature](#)

I certify that the information provided is accurate and that I understand and agree to camp policies.

· **Signature:** \_\_\_\_\_

· **Date:** \_\_\_\_\_