

APPLICATION

SUMMER at HAWTHORNE VALLEY FARM CAMP 2009

Please type or print in Ink

A \$50 Non-Refundable Application Fee must accompany this application. This fee is not applied to Tuition.

PLEASE NOTE: Preference is given to returning campers, school children who have attended our Visiting Students Program, and e-mail/phone applicants who have visited the farm and talked extensively with our Camp Director about our program.

CHECK ONE OPTION

HOUSE CAMP – Ages 8 - 11	FIELD CAMP – Ages 12-15
One Week ____ Ages 8 & 9 \$ 700 Sunday, July 19 - Friday, July 24	Two Week ____ Ages 12 – younger 13 \$1,800 Sunday, June 28 – Saturday, July 11
Two Week ____ Ages 9 & 10 \$1,750 Sunday, June 28 – Saturday, July 11	Four Week ____ Ages 13 to 15 \$3,500 Sunday, July 19 – Saturday, August 15
Three Week ____ Ages 10 & 11 \$2,600 Sunday, July 26 – Saturday, August 15	

Summer at Hawthorne Valley Farm is a not-for-profit camp and we strive to make camp available to all who wish to attend.
 (Tuition Reduction Forms are available on request and need to be returned by February 28, 2009)

Camper's Name _____ () Girl () Boy Birthday (mo/day/yr) ____/____/____

Camper's Address _____ Street _____ Present School _____
 Grade _____ in 2009/10 School year

City _____ State _____ Zip _____ Where did you find out about camp? _____

Phone: _____ Cell: _____ E-Mail: _____

Previous camp experience, including Hawthorne Valley Farm: _____

Brothers' and Sisters' Names and Ages: _____

If **BILLING ADDRESS** is different than above; please list Name of Responsible Party, Address and Phone:

Name	Address	City	State	Zip	Phone	Lives with Camper	
						YES	NO
Father's Name _____	Occupation _____					____	____
Bus. Address _____	Phone _____						
Mother's Name _____	Occupation _____					____	____
Bus. Address _____	Phone _____						

If **NO** is Checked Please List Mailing Address & Phone: _____

Parent/legal guardian: If you will be away from home during camp, please give us the name, address, dates, & phone # of where you will be or that of a close relative or friend: _____

(Please Turn Page to Complete Application)

For Office Use Only: Date Rec'd _____	Reg. Fee ck# _____	F/A _____	FC Q _____	Dep# _____	Final# _____
Action: A Date: _____	Ltr: _____	Pack Date: _____	Note: _____	WL Date: _____	Note: _____

IMPORTANT! !!Campers applying for the *Field Camp* sessions must complete and return with this application a Field Camp Questionnaire. If you do not receive this form go to www.vspcamp.com

Parents, please answer the following questions candidly *or indicate the desire to speak directly with the camp director*. All information is kept in strict confidence. Use additional paper if needed. **NOT ANSWERING THESE QUESTIONS CONSTITUTES AN INCOMPLETE APPLICATION.**

1. When a child comes to camp from a home that is experiencing change (recent move, illness, death: including a pet, separation, divorce, etc.) his or her experience and adjustment is often affected. Is your child experiencing any such change? If so how is he or she adjusting? How might the staff help your child?

2. Are there areas in which your child has particular need(s)? (i.e. physical, social, psychological, educational) If so, is he or she receiving help in those areas?

3. What do you particularly wish your child to gain from camp?

4. Is your child willing and able to eat whole foods and fresh vegetables? (These are the main components of camp menus). Is your child willing and able to participate in farm life (including animal care and cleaning and garden work)?

PLEASE BE SURE TO READ THE FOLLOWING

Upon acceptance into camp, you will receive a bill, a Terms and Conditions statement and the HEALTH FORMS*. All must be returned with a deposit to reserve your child's place in camp.

!!!ADVISORY!!!

FULL PAYMENT FOR ALL SESSIONS IS DUE MAY 30, 2009

***CAMPERS CANNOT BE ACCEPTED INTO CAMP WITHOUT A CURRENT PHYSICAL EXAM FROM A DOCTOR**

ALL HEALTH FORMS AND PHYSICAL EXAM FORMS ARE DUE MAY 30, 2009

MAIL THIS FORM WITH THE NON-REFUNDABLE \$50 REGISTRATION FEE TO:
IMPORTANT: The Field Campers need to return the Completed Field Camp Questionnaire form also!

Summer at Hawthorne Valley Farm – Main House

327 Route 21C, Ghent, NY 12075

Make check payable to: Visiting Students Program

For Questions Call: (518) 672-4790 or Fax: (518) 672-7608 e-mail vsp@taconic.net, www.vspcamp.com