

# Registration Form for Programming at The Orchard School and Community Center

114 Old Settlers Rd. - East Alstead, NH 03602

*Please complete one form per child*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Phone #: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate where parent/guardian can be reached while child is in program. Include name of business if applicable, address and phone number, plus special instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person:** Please list one person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your (parent/guardian) signature: \_\_\_\_\_

# 2019 Camp Selections

Please indicate which camps you are registering your child for and whether you require extended care.

Student Name: \_\_\_\_\_

## WEEK ONE: June 24-28

Wee Folk & Wonder:  ages 5-7

*Need extended care this week?*  *Yes, I will pick my child up at \_\_\_\_\_*  *No, thanks anyway!*

## WEEK TWO: July 8-12

Farm Camp:  ages 5-7  ages 8-10

*Need extended care this week?*  *Yes, I will pick my child up at \_\_\_\_\_*  *No, thanks anyway!*

## WEEK THREE: July 15-19

Forest & Ecology Camp Explorers:  ages 5-8  ages 9-11

*Need extended care this week?*  *Yes, I will pick my child up at \_\_\_\_\_*  *No, thanks anyway!*

## WEEK FOUR: July 22-26

Connected by Art:  ages 7-9  ages 10-12

*Need extended care this week?*  *Yes, I will pick my child up at \_\_\_\_\_*  *No, thanks anyway!*

## WEEK FIVE: August 5-9

SANKOFA West African Village:  ages 5-7  ages 8-10  ages 11-13

*Need extended care this week?*  *Yes, I will pick my child up at \_\_\_\_\_*  *No, thanks anyway!*