

Lakeside School at Black Kettle Farm  
6 Leaning Road, Essex, NY 12936  
518-963-7385  
admin@lakesideschoolinessex.org  
www.lakesideschoolinessex.org



# Farm & Forest Summer Camp 2020 Registration Form

## CAMPER INFORMATION

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade Entering in Fall 2020 \_\_\_\_\_ Current School Attending \_\_\_\_\_

*Summer Camp is for children ages 4 to 8. If your child is a young 4, please call to discuss whether our Summer Sprouts program is a better fit. Lakeside School reserves the right to place children in either program, depending on their needs.*

## CHECK THE CAMP SESSION(S) THAT YOU WISH TO REGISTER FOR:

Sessions run Monday through Friday from 9 a.m. –3 p.m. Each session costs \$340 per camper. In each session, campers will explore the natural interactions between water, earth, heat, air, animals, and plants.

SESSION I (June 29-July 3)

SESSION 3 (July 13-17)

SESSION 5 (July 27–31)

SESSION 2 (July 6-10)

SESSION 4 (July 20-24)

SESSION 6 (Aug 3-7)

How did you first hear about Lakeside Camp at Black Kettle Farm? (Lakeside newsletter, friend, newspaper ad, poster, Lakeside website, Lakeside event, Essex on Lake Champlain website, other)

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

Yes, I would like to receive Lakeside School's e-newsletter.

Yes, I would like to receive Lakeside School's information packet.

## PARENT INFORMATION

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**EMERGENCY CONTACTS** (A local contact should we not be able to reach you during the day,)

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

**OTHER INFORMATION**

Has your child been stung by a bee? \_\_\_\_\_ If yes, what was the reaction: \_\_\_\_\_

Dietary Restrictions or Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Anything about the child’s behavior that we should know about: \_\_\_\_\_

\_\_\_\_\_

Please list any other relevant medical conditions or medications, using an additional sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

Anything else we need to know about your child: \_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER**

The Parents/Guardians assume all risks associated with participation in the program; The Lakeside Pre-school Inc. assumes no liability for injury or damages arising from participation in the program.

Due to the strenuous nature of some activities, the Lakeside School encourages parents/guardians to consult their physician concerning the participant’s fitness to participate in the program. The parents/guardians consent to emergency treatment to their child. The parents/guardians also consent to the camp’s use and publication of any photographs taken of their child in the program.

By signing this registration form, I approve my child’s participation in the program, and release and agree to indemnify and hold harmless Lakeside Pre-School Inc., its owner, and camp staff of any and all liability on account of negligence or otherwise.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form with the full registration payment to:**  
Lakeside School  
6 Leaning Rd.  
Essex, NY 12936

**Any questions? Contact Administrator Maeve Taylor at (518) 963-7385 or [admin@lakesideschoolinessex.org](mailto:admin@lakesideschoolinessex.org)**