

ORGANIC FARM CHILDREN WORKSHOPS REGISTRATION FORM 2023

•	te all information on this form and render, 212 County Road 16, Black Rive	eturn completed application along with payment to er, Ontario K0K 2P0	
☐ Workshop Week #1	AGES 8-12	July 10, 2023 – July 14, 2023	
☐ Workshop Week #2	AGES 5-7	July 17, 2023 – July 21, 2023	
☐ Workshop Week #3	AGES 8-12	July 24, 2023 – July 28, 2023	
☐ Workshop Week #4	AGES 5-7	July 31, 2023 – August 4, 2023	
☐ Workshop Week #5	AGES 5-7	August 7, 2023 – August 11, 2023	
CONTACT INFORMATION			
First Name of Child: Last Name:		Name:	
Age of Child at time of attendance: _	Birth Month	n:	
Street Address:			
City:	Province:	Postal Code:	
Home Phone:			
Parent/ Guardian Name:			
Home Phone: Work Phone:		Cell Phone:	
Email:			
Parent/ Guardian Name:			
Home Phone:	Work Phone:	Cell Phone:	
Email:			



	CONTACT: In case of an emergency, we will make every effort to contact the custodial parent(s), if for some unreachable, please include an alternate contact (Grandparent/Caregiver/Neighbour etc.)		
Name:			
Relationship	o child:		
Home Phone	Work Phone: Cell Phone:		
HEALTH	IFORMATION		
Health Card	lumber (optional):		
2	A series of questions regarding your child(ren) health will be asked during drop off. This will ensure that we are ALL taking responsibility of everyone's safety. We will be incorporating additional hand hygiene opportunities into the daily schedule. This may be needed in instances where assistance with workshop activities is provided. We will have a dedicated cleaning and sanitizing schedule prior to arrival and departure. Each workshop includes various activities on uneven terrain; does your child have physical, cognitive, emotional or behavioural limitations/ challenges that would require assistance and/or modification to the program to enable him/her to participate fully? If yes, please specify particulars:		
5	Do you have any special instructions regarding your child(ren) health care and/or diet?: Yes No If yes, please specify:		
6	Does your child have any serious of life threatening allergies? Yes No		
7	If yes, does your child have and can use an Epipen? Tyes TNo		

Disclaimer: Hastings Prince Edward Public Health has monitored for ticks in the County since 2012 and confirmed the presence of established blacklegged tick populations, a significant percentage infected with the bacterium that causes Lyme disease. Please note that early diagnosis and treatment of Lyme disease increases the chance of a successful outcome. In an event of finding a tick on your child, we will remove and promptly contact you immediately whether to seek medical attention is necessary. We will remind your child of how to protect themselves and proper ways to check themselves correctly.



ARRIVAL/ DEPARTURE TIMES

Drop off – Time between 8:30 A.M. – 9:00 A.M. **Pick up** – Time between 5:00 P.M. – 5:30 P.M

I have read and understand the information provided on this form, I authorize my child to participate in the activities as described above. I hereby release and hold harmless Quinta do Conde; their owners, counsellors, and/or employees for all claims of injury or damage, to persons and property while participating in any chosen activity, which I or any person claiming through me or on my behalf may at any time have arising out of connection with the operation of this activity.

NAME OF PARENT OR GUARDIA	N (Please Print)	SIGNATURE OF PARENT OR GUARDIAN
DATE		
PAYMENT:		
Children Workshop We	ek: \$725.00 + \$94.25 (H.S.)	Γ.) = \$819.25
Payable by internet e-trans	fer to <u>info@quintadocon</u>	ıde.ca
		ny refund for cancellations 24hours prior to start of cel, a full refund will be issued.
Office use only:		
Date Received:	Time Received:	Processed by: