

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 2022 Registration Form

CAMPER INFORMATION

First Name: _____ Last Name _____

Nickname _____ Gender _____ Date of Birth _____

School Grade Entering in Fall 2022 _____ Current School Attending _____

Summer Camp is for children ages 4 to 7. 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 8:15 a.m. –2:15 p.m. Each session costs \$380 per camper. In each session, campers will explore the natural interactions between water, earth, heat, air, animals, and plants.

- | | | |
|---|---|--|
| <input type="checkbox"/> SESSION 1 (June 27-July 1) | <input type="checkbox"/> SESSION 4 (July 18-22) | <input type="checkbox"/> SESSION 7 (Aug 8-12) |
| <input type="checkbox"/> SESSION 2 (July 5-8)* | <input type="checkbox"/> SESSION 5 (July 25–29) | <input type="checkbox"/> SESSION 8 (Aug 15-19) |
| <input type="checkbox"/> SESSION 3 (July 11-15) | <input type="checkbox"/> SESSION 6 (Aug 1-5) | |

*Priced at \$305 due to holiday.

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