



**Maplewood Area Historical Society and Oliver Hudson Kelley Grange No. 834 will host a Farm-to-Table Summer Day Camp on July 10-13, July 17-20, or August 7-10 at the Bruentrup Heritage Farm, 2170 East County Road D, Maplewood, MN.**

The Maplewood Area Historical Society and Oliver Hudson Kelley Grange No. 834 will be sponsoring a curriculum-based day camp this summer that will connect elementary aged children to agricultural history and contemporary agriculture. This opportunity at the Bruentrup Heritage Farm will fully immerse students in the science, history, and fun of agriculture and provide the perfect set of activities for kids to enjoy during the summer.

This four day camp will teach students about the science of butter and ice cream, give them the opportunity to play old-time games like townball, and have fun with arts and crafts. All activities will be tied directly to Minnesota Education Standards and a full list of standards will be available to parents upon request. The staff of the Society and the Grange are looking forward to welcoming students for this unique experience. The camp will run three sessions, Monday through Thursday July 10-13, July 17-20, and August 7-10 9am to 4pm. On Thursday evening, parents and friends will be invited for a special open house where campers will exhibit what they have learned and created.

The cost of the camp is \$150 which includes all camper supplies, a t-shirt and snacks during the day, lunch will be the responsibility of the child. Registration forms can be found online at: [www.MaplewoodHistoricalSociety.org](http://www.MaplewoodHistoricalSociety.org) Deadline for registration is July 1 and July 29. For more information about the camp please call 651-748-8645 or visit the website.

The Maplewood Area Historical Society was incorporated as a non-profit 501(c)3 in 1997 to preserve and interpret the history of Maplewood through collections, events, exhibits and programs and we ensure this legacy is passed on to future generations. Most of our events, exhibits and meetings are at the Bruentrup Heritage Farm.

A chartered chapter of the National Grange of the Order of the Patrons of Husbandry founded in 1867, the Oliver Hudson Kelley Grange No. 834, named in honor of the National Grange founder, celebrates and supports agricultural practice and history through community building, education, legislature and social fellowship.

CONTACT: Nicole DeGuzman, Executive Director: 651-748-8645 Monday and Tuesday, or leave a voicemail with your phone number.

<http://www.maplewoodhistoricalsociety.org>

<https://www.facebook.com/BruentrupHeritageFarm>

**See below for registration packet to be mailed to:**

**MAHS, 2170 East County Road D, Maplewood MN 55109.**



## 2017 SUMMER DAY CAMP SESSIONS AND FEES

### FARM CAMP OFFERINGS (GRADES 2 – 5)

#### FARM CAMP SESSIONS

SESSION	START DATE	END DATE	REGISTER & PAYMENT DUE
<input type="checkbox"/> Session 1	July 10	July 13	July 1
<input type="checkbox"/> Session 2	July 17	July 20	July 1
<input type="checkbox"/> Session 3	August 7	August 10	July 29

CAMP	AGES	SESSION	#DAYS PER WEEK	PRICE	EXTENDED DAY
FARM CAMP	GRADES 2-5	ALL SESSIONS	4 FULL DAYS 9A – 4P	\$150	NOT AVAIL

#### Payment Information (please circle one)

Credit Card                      Check                      Cash

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_

**Check:** Mail to Maplewood Area Historical Society, 2170 East County Road D, Maplewood, MN 55109 prior to due date.

**Cash:** please call 651-748-8645 to make drop off arrangements.

#### PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am fully aware that to reserve a space, I must make a deposit of \$50 per one week session and submit a registration form. I am fully aware that should my child change camp dates after the start of the session I understand there is a **\$25 change fee**. I fully understand and approve of my child being photographed for MAHS publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**There is a non-refundable \$50 deposit per session per child which is applied to session fee.**

# FARM CAMP REGISTRATION FORM

## CAMPER INFORMATION

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Age \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_ Grade in Sept. 2016 \_\_\_\_\_  
Mailing address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My child will: (circle one) Be Picked up Walk home (only 10yrs. or older, please sign bottom of page)  
T-Shirt Size: (circle one) CHILD- S M L XL ADULT- S M L XL

## PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian Registering child \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Name of Other Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## EMERGENCY CONTACT list two (2) contacts on this form to be used if the parents/guardians cannot be reached

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

## PHYSICIAN INFORMATION

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Clinic Name \_\_\_\_\_ City \_\_\_\_\_  
Child has: (circle as necessary) Allergies Medications to Administer Medical/Behavioral Issues

## AUTHORIZATION/CONSENT

**EMERGENCY AUTHORIZATION:** I understand that in the event of an emergency affecting my child while participating in a Farm Camp program, a designated employee of MAHS will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by MAHS.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## AUTHORIZED PICK-UP FORM

The following individuals are 18 years old or older and are allowed to pick up my child from the Farm Camp program at MAHS:

NAME	RELATIONSHIP	PHONE NUMBER
	Parent/Guardian	

I understand that no one else will be allowed to pick up my child unless I notify MAHS staff in advanced writing. This person will be asked for their photo ID for verification.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## UNESCORTED DISMISSAL AUTHORIZATION

My child is 10 years of age or older and may go home without an escort at the end of the day.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# MEDICAL INFORMATION

MAHS is required to have a current health history and a medical emergency authorization on file for each participant. The following information is requested for the benefit of the participant and will be handled confidentially. It will be reviewed by the Farm Camp Directors, Educators and Emergency Personnel only. Please answer the questions and sign the authorization below. MAHS reserves the right to require a Physician's release prior to participation in the program.

Physician name: \_\_\_\_\_

Physician phone: \_\_\_\_\_

## DOES THE PARTICIPANT:

	NO	YES
Have his/her Hepatitis B vaccination series	<input type="checkbox"/>	<input type="checkbox"/>
Have all required immunizations up to date	<input type="checkbox"/>	<input type="checkbox"/>
Take any medication (prescription or otherwise)	<input type="checkbox"/>	<input type="checkbox"/>
Have any allergies or reactions to medications (provide complete emergency care plan below)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have your permission for MAHS staff to administer prescription medication in the event it is necessary (include complete instructions)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Have any heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Have epilepsy, convulsions or paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Have diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Have any reoccurring or chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Have any serious injuries, surgeries or past medical treatments	<input type="checkbox"/>	<input type="checkbox"/>
Have any current or recurrent diseases	<input type="checkbox"/>	<input type="checkbox"/>
Have any dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Have any physical or mental disabilities, handicaps, or any other restrictions on normal camp activities	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of psychiatric counseling or hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
Have any behavioral concerns we should be aware of	<input type="checkbox"/>	<input type="checkbox"/>
Have health/accidental insurance (if yes, provide below)	<input type="checkbox"/>	<input type="checkbox"/>

Insurance company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

If you answered "Yes" to any of the above questions please explain. Attach a separate sheet if necessary.

## PARTICIPANT MEDICAL RELEASE

The above health history is correct, to the best of my knowledge, and the person therein described has permission to engage in all prescribed activities, except as noted on this form or its attachments. If medical treatment is warranted in the discretion of MAHS staff, or if surgical care is recommended by a physician noted above or one selected by MAHS staff, then I give permission to authorize treatment for the participant identified above. All efforts to contact the parent/guardian, or contact person will be made first.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

MAHS does not discriminate on the basis of race, color, age, ethnicity, religion, national origin, sexual orientation, gender identity, sex, disability, or status as a U.S. citizen.