



SUMMER DAY CAMPS – 2020

Farm-to-Table Day Camp 2 Sessions: August 3-6 & 10-13

Bruentrup Heritage Farm
2170 East County Road D, Maplewood

Farm-to-Table Camp Sessions:

- August 3-6 (Entering Grades 1-3)
- August 10-13 (Entering Grades 4-6)

The Maplewood Area Historical Society welcomes campers entering grades 1-3 and 4-6 to ADVENTURES in agricultural history and contemporary agriculture. Learn where your food comes from--explore the science of butter, ice cream, cheese and bread by making and eating your products!



This four-day camp *also* gives campers the opportunity to play old-time games like townball (a perennial favorite!) and to have fun with arts and crafts. All activities take place at the Bruentrup Heritage Farm and are tied directly to Minnesota Education Standards. The camp will run Monday through Thursday, 9am to 4pm. After the Thursday session, parents and friends will be invited to a special open house where campers will exhibit what they have learned and created.

COST: \$160

Includes: all camper supplies, T-shirt and snacks. (*Lunch is the responsibility of the camper.*)

Instructors:

Rachel Ericson, B.S. Middle Childhood-Early Adolescence, University of WI-Eau Claire
Haely Leiding, B.S. Agricultural Education, University of MN-Twin Cities

REGISTRATION: Forms can be found online at www.MaplewoodHistoricalSociety.org

- Deadline for Farm-to-Table Camps is July 20.

CONTACT: Email Operations Director Joy Donley, Director@MaplewoodHistoricalSociety.org

- Or call 651-748-8645 (Mon/Tues: 1-4pm, or leave a message on voice mail)



2020 SUMMER DAY CAMP SESSIONS AND FEES

FARM-TO-TABLE CAMP (GRADES 1-3)

FARM-TO-TABLE CAMP (GRADES 4-6)

CAMP	AGES	SESSION	#DAYS PER WEEK	PRICE	REGISTER & PAYMENT DUE
<input type="checkbox"/> Farm-to-Table Camp #1	GRADES 1-3	August 3-6	4 FULL DAYS 9AM - 4PM	\$160	July 20
<input type="checkbox"/> Farm-to-Table Camp #2	GRADES 4-6	August 10-13	4 FULL DAYS 9AM - 4PM	\$160	July 20

Payment Information (please circle one): Credit Card Check Cash

Credit Card # _____ Exp. Date _____

Billing Zip Code _____ CCV _____

Name on Card _____

Check: Prior to due date, please mail to:

Maplewood Area Historical Society,
2170 East County Road D
Maplewood, MN 55109

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

Cash: Please call 651-748-8645 to make drop off arrangements during office hours.

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 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 _____

Where did you hear about our camps? _____

2020 CAMP REGISTRATION FORM

CAMPER INFORMATION

Child's Name _____ Nickname: _____ Age _____
Birth Date _____ Gender _____ Grade in Sept. 2020 _____
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 _____
Work Phone (_____) _____ Cell Phone (_____) _____
Email _____
Name of Other Parent/Guardian _____
Work Phone (_____) _____ Cell Phone (_____) _____
Email _____

EMERGENCY CONTACT List two (2) contacts to be used if the parents/guardians cannot be reached:

Name _____ Relation _____
Work Phone (_____) _____ Cell Phone (_____) _____
Name _____ Relation _____
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 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 allergies or reactions to medications <i>(provide complete emergency care plan below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have your permission for MAHS staff to administer prescription medication in the event it is necessary <i>(include complete instructions)</i>	<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.