

**Radical Childhood  
Farm & Forest Camp  
2016 Summer Camp Application**

Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Camper's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

\* Does this child have severe allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, then please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Please share my name and location with others interested in carpooling. Yes \_\_\_\_\_ No \_\_\_\_\_

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Please choose one or rank preference:

- |                          |                          |                          |       |
|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | Walk Lightly (Ages 3-6)  | Session 1 : August 1 - 5 | \$205 |
| <input type="checkbox"/> | Farm & Forest (Ages 6-9) | August 8 – 13            | \$225 |
| <input type="checkbox"/> | Walk Lightly (Ages 3-6)  | Session2: August 15 – 19 | \$205 |

Space is limited. Spaces will be reserved on a first come, first serve basis when payment is received. **\$50 deposit** is required with Registration or you can pay in full. All tuition balances are due in full by **June 15th**. If you are registering after June 15th, include full tuition with this form.

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*Please mail this form and payment to:*

**Radical Childhood  
Soaring Hill Farm  
131 LaFlame Road  
Warren, VT 05674**