

2019 Flamig Farm Youth Farmer Apprentice Program Application

P.O. Box 246 West Simsbury CT, 06092
(860) 658-5070

For Office Use Only:

Paid Amount: _____

Cash: _____ Ck# _____

Date Received: _____

Health Form on File

PLEASE USE A SEPARATE APPLICATION FOR EACH CHILD

APPRENTICE INFORMATION

Male

Female

Name: _____
Last First

Age: _____ Date Of Birth: ____/____/____ Sibling(s) also attending this summer: _____ Age _____

Address: _____
Street City, State, Zip

PARENT/GUARDIAN

Name(s): _____

Home Phone: _____ Cell: _____ Email: _____

In Case of Emergency Alternate Contact (and relationship): _____

Phone: Home: _____ Cell: _____

I would like for my child to apprentice the week of:

- Week 2 (July 1- July 5)
- Week 4 (July 15-July 19)
- Week 6 (July 29-August 2)

Registration Fee: \$285 for each camper for each week. (Snack and Lunch Provided)

The apprentices will be learning all aspects of how to grow and bring to market quality organic vegetables alongside our garden manager. This is a hands on, down and dirty, learning by doing program. Give your teens (ages 13 - 15) the opportunity to experience the hard, but rewarding work of today's agricultural small farm.

I understand the balance due and Health Examination Form will be required before arrival. **NO ONE WILL BE ALLOWED TO ATTEND WITHOUT THE HEALTH FORM SIGNED BY PARENT AND PHYSICIAN.**

My child will be bringing medications or has special medical or dietary needs. **PLEASE EXPLAIN:**

I give Flamig Farm permission to use my child's picture in any media use (website, facebook, advertising).

Signature of Parent: _____