

**ALLANDALE FARM  
OUTDOOR SUMMER PROGRAM  
259 ALLANDALE ROAD  
BROOKLINE, MA 02467  
(TELE) 617/524-1531 (FAX) 617/323-5044  
[john.allandalefarm@gmail.com](mailto:john.allandalefarm@gmail.com) [www.allandalefarm.com](http://www.allandalefarm.com)**

THANK YOU for inquiring about the ALLANDALE FARM OUTDOOR SUMMER PROGRAM! This Program gives children ages four through ten a recreational exposure to outdoor fun and learning on Boston's last privately-owned working farm. We focus our education efforts on gardening, composting, bird and plant identification, walking, farm animals and outdoor games in the natural environment of our farm.

The curriculum will be taught or guided by trained outdoor education teachers and assistants using the full range of natural amenities found at Allandale Farm. Children receive individual, developmentally appropriate attention in age-level groups with a 1:5 teacher:child ratio in the 4-7 year-old age range. Your child should have something to take home or tell you every day.

The program runs by the week. However, we recommend that children sign up for two or three weeks; the longer time-frame allows your child to become thoroughly acclimated and comfortable in our unique outdoor environment. Children may sign up for a total of 3 weeks. They need not be consecutive.

### **Outdoor Summer Program**

Mornings-only from 8:45AM – noon

Sessions run weekly  
for **seven** weeks from  
June 26 – August 11, 2017

All sessions meet at and are dismissed from  
lawn next to the front parking lot at  
Allandale Farm.

Cost of the program:  
\$475 for one week  
\$825 for two weeks  
\$975 for three weeks

### **Extended Day Program**

The extended program is for children who wish to stay after the morning program through 2:30PM, for a total of 5¾ hours.

We will offer this program five days per week while the Summer Program is in session, June 26th until August 11th.

You will need to provide a lunch for your child and we will provide appropriate supervised outdoor recreation.

Cost of the extended program:  
\$50.00 per day or \$175.00 per week.

If you are interested, please fill in the required information on the application.

This "camp" must comply with the regulations of the Mass. Department of Public Health and is licensed by the Town of Brookline Board of Health. Parents may review all rules, policies and procedures upon request.

**ALLANDALE FARM  
OUTDOOR SUMMER PROGRAM  
259 ALLANDALE ROAD  
BROOKLINE, MA 02467  
(TELE) 617/524-1531 (FAX) 617/323-5044  
[john.allandalefarm@gmail.com](mailto:john.allandalefarm@gmail.com) [www.allandalefarm.com](http://www.allandalefarm.com)**

## 2017 Application

Please fill out the following forms completely and return to the above address with your deposit as soon as possible. Space is limited and will be filled on a first-come, first-served basis. Your child MUST be at least four years old to start the program. Thank you.

**CHILD'S FULL NAME:** \_\_\_\_\_

**NICKNAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**AGE (as of 06/30/17):** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOWN/CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENTS:**

**Parent's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_

**Cell Phone /Pager:** \_\_\_\_\_

**Cell Phone/Pager:** \_\_\_\_\_

**IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

(This person must be available while your child is in camp.)

**ALLERGIES OR MEDICAL**

**CONDITIONS:** \_\_\_\_\_

**ARE THERE ANY SOCIAL OR FAMILY CONCERNS THAT MIGHT HELP TO INSURE A MOST POSITIVE EXPERIENCE ON THE FARM OF WHICH WE SHOULD BE AWARE?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLANDALE FARM  
OUTDOOR SUMMER PROGRAM  
259 ALLANDALE ROAD  
BROOKLINE, MA 02467  
(TELE) 617/524-1531 (FAX) 617/323-5044  
[john.allandalefarm@gmail.com](mailto:john.allandalefarm@gmail.com) [www.allandalefarm.com](http://www.allandalefarm.com)**

## Parent/Guardian Agreement

**CHILD'S NAME** \_\_\_\_\_  
**DATES** \_\_\_\_\_

In the unlikely event that my child should require medical attention, I authorize ALLANDALE FARM OUTDOOR SUMMER PROGRAM to have him/her professionally transported to the Faulkner Hospital (one half mile away). If I wish my child to be treated at a different facility, it will be my responsibility to make the necessary transfer. I understand that I will be notified as quickly as possible should an emergency occur.

I grant permission for my child to participate in any and all ALLANDALE FARM OUTDOOR SUMMER PROGRAM activities.

I grant permission to ALLANDALE FARM OUTDOOR SUMMER PROGRAM to have or use photographs, film, voice recordings or video of my child for use in promotion or public relations activities.

I understand that ALLANDALE FARM OUTDOOR SUMMER PROGRAM reserves the right to cancel or alter elements of the Outdoor Summer Program in the event of any untenable circumstance. ALLANDALE FARM OUTDOOR SUMMER PROGRAM also reserves the right to decline to accept an application and to dismiss a participant from the program after consultation with the parent/guardian for cause as determined by Program Staff.

I certify that my child is covered by health and accident insurance or Medicaid unless other release is obtained and approved.

**Insurance Carrier/Policy**

**Holder** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Effective** \_\_\_\_\_ **to** \_\_\_\_\_

**PARENT/GUARDIAN signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**This form MUST be returned with the Application, Release Form, and Program Registration and Payment Form.**

ALLANDALE FARM  
OUTDOOR SUMMER PROGRAM  
259 ALLANDALE ROAD  
BROOKLINE, MA 02467  
(TELE) 617/524-1531 (FAX) 617/323-5044  
[john.allandalefarm@gmail.com](mailto:john.allandalefarm@gmail.com) [www.allandalefarm.com](http://www.allandalefarm.com)

## Release Form

CHILD'S NAME \_\_\_\_\_

SESSION DATES \_\_\_\_\_

Please indicate in the space below the names of any persons who you authorize to pick up your child(ren) at the end of the program day. We will not release your child to anyone unless we are authorized by you to do so. In the event that there is a change of plans on any given day, you must notify one of the teachers in writing. Be sure to put down the names of any carpool drivers and/or applicable family members.

Names of individuals to whom my child(ren) may be released during or at the close of the program day.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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

**This form MUST be returned with the Application, Parent/Guardian Agreement, and the Program Registration and Payment Form.**

**ALLANDALE FARM  
OUTDOOR SUMMER PROGRAM  
259 ALLANDALE ROAD  
BROOKLINE, MA 02467**

617/524-1531 (TELE) 617/323-5044 (FAX)

[john.allandalefarm@gmail.com](mailto:john.allandalefarm@gmail.com) [www.allandalefarm.com](http://www.allandalefarm.com)

## Program Registration and Payment

**Child's Name** \_\_\_\_\_

**Age (as of 6/30/17)** \_\_\_\_\_

**Summer Program: (8:45 am – noon)**

Please circle the weeks for which you wish to sign up:

June 26- June 30  
July 3- July 7\*  
July 10- July 14  
July 17- July 21  
July 24- July 28  
July 31- Aug 4  
Aug 7- Aug 11

**Extended Day: (noon – 2:30 pm)**

Please circle the week or the days of the week for which you wish to sign up for Extended Day:

June 26-June 30	M/T/W/TH/F
July 3-July 7*	M/W/TH/F
July 10- July 14	M/T/W/TH/F
July 17- July 21	M/T/W/TH/F
July 24- July 28	M/T/W/TH/F
July 31- Aug 4	M/T/W/TH/F
Aug 7- Aug 11	M/T/W/TH/F

**# of Weeks:** \_\_\_\_\_

**# of Days/Weeks:** \_\_\_\_\_

**Amount Due (see below):** \_\_\_\_\_

**Amount Due (see below):** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Calculate Amount Due:**

1 Week      \$475  
2 Weeks      \$825  
3 Weeks      \$975

**Calculate For Extended Day:**

\$175 per week OR  
\$50 per day

\*The Week of July 4<sup>th</sup> will be pro-rated.

A non-refundable deposit of \$350 must be submitted with this application. The account balance is due one month prior to your child beginning the Outdoor Summer Program. There will be a 10% discount in the morning program for siblings in 2017.

Please also note that we must be in receipt of a standard up-to-date physician's report and immunization record at least two weeks prior to your child's enrollment. Your child may NOT begin the Program without the form in our files.