

Camper Application

email: educationadmin@gmail.com

[Instructions](#)

 Welcome to Farm Camp Registration! Please read everything carefully.


Season

2024



Campers

- ☐ Seedling Test
- ☐ Another Child

 Please note that a separate application must be completed for **each camper**.

Application Instructions

1. This form **MUST** be filled out by a custodial parent or legal guardian.
2. A separate application must be completed for **each child** you want to register.
3. Use the **Continue** and **Back** buttons on each page to navigate through this online form.
4. Required fields are underlined in red.

If you have any questions, please contact the camp office at 207-865-4469 or email

EXAMPLE

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Season

2024 ▼

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- ☐ Seedling Test
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 Please note that a separate application must be completed for **each camper** you wish to register.

To begin, select your camper's name above. For increased chances of availability, register your youngest child first. Please fill out the camper's information to the right.

To add a new camper / sibling, select "Another Child".

EXAMPLE

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Welcome to Farm Camp Registration! Please read everything carefully.

Season

2024

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To begin, select your camper's name above. For increased chances of availability, register your youngest child first. Please fill out the camper's information to the right.

To add a new camper / sibling, select "Another Child".

First Name

Seedling

Middle Name

Last Name

Test

Preferred Name

Seedling

NAME CAMPER GOES BY

Suffix

None

Gender Identity ?

Select

Pronouns

she/her/hers

Date of Birth

04/06/2016

Grade

3rd

2023-2024 SCHOOL YEAR

T-Shirt

Youth S

☒ I agree to the [Terms of Use](#) and [Privacy Policy](#).

EXAMPLE

Begin Application

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Registration is LIMITED to FOUR (4) weeks of **Summer** Farm Camp per camper, NOT including Vacation Camps.

For **Vacation** Camps: You may choose up to four days per vacation session.

Select Session

If the listing appears in red text, then that session is full and your camper will be added to the waitlist.

We encourage families to always add to the waitlist despite its length, because there are advantages to being a part of the Farm Camp Family!

Seedlings

☒ Seedlings Week 1

Jun 17 - Jun 21 (9 AM - 4 PM)

☒ Seedlings Week 2

Jun 24 - Jun 28 (9 AM - 4 PM)

☐ Seedlings Week 3

Jul 1 - Jul 5 (9 AM - 4 PM)

☒ Seedlings Week 4

Jul 8 - Jul 12 (9 AM - 4 PM)

☐ Seedlings Week 5

Jul 15 - Jul 19 (9 AM - 4 PM)

☐ Seedlings Week 6

Jul 22 - Jul 26 (9 AM - 4 PM)

☐ Seedlings Week 7

EXAMPLE Jul 29 - Aug 2 (9 AM - 4 PM)

☐ Seedlings Week 8

Aug 5 - Aug 9 (9 AM - 4 PM)

- ☐ Seedlings Week 8 Aug 5 - Aug 9 (9 AM - 4 PM)
- ☒ Seedlings Week 9 Aug 12 - Aug 16 (9 AM - 4 PM)
- ☐ Seedlings Week 10 Aug 19 - Aug 23 (9 AM - 4 PM)

[Hide Sessions](#)

February Vacation Camp

- ☒ Tuesday Feb. 20th 9am-4pm Feb 20 (9 AM - 4 PM)
- ☒ Wednesday Feb. 21st 9am-4pm Feb 21 (9 AM - 4 PM)
- ☐ Thursday Feb. 22nd 9am-4pm Feb 22 (9 AM - 4 PM)
- ☐ Friday Feb. 23rd 9am-4pm Feb 23 (9 AM - 4 PM)

[Hide Sessions](#)

April Vacation Camp

- ☐ Tuesday April 16th 9am-4pm Apr 16 (12 AM - 4 PM)
- ☒ Wednesday April 17th 9am-4pm Apr 17 (9 AM - 4 PM)
- ☐ Thursday April 18th 9am-4pm Apr 18 (9 AM - 4 PM)
- ☒ Friday April 19th 9am-4pm Apr 19 (9 AM - 4 PM)

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for Seedling Test

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Please provide information about the camper's household below, and yourself. If you would like to add an additional adult who should receive updates regarding this camper's registration status, please select "Add second parent/guardian."

TEST PARENT 2024'S HOUSEHOLD

Please make sure one of the adults listed below is the child's legal guardian.

| | | | |
|------------|---|-------|---|
| Country | <input type="text" value="United States"/> | City | <input type="text" value="Freeport, ME"/> |
| Address | <input type="text" value="184 Burnett Rd"/> | State | <input type="text" value="Maine"/> |
| | <input type="text"/> | Zip | <input type="text" value="04032"/> |
| Home Phone | <input type="text" value="2078654469"/> | | |
| | <input type="text" value="EX: 828-555-1212"/> | | |

Your Personal Information

| | | | |
|--------------|---|-------------|---|
| First Name | <input type="text" value="Test Parent"/> | Last Name | <input type="text" value="2024"/> |
| Title | <input type="text" value="Undefined"/> | Suffix | <input type="text" value="None"/> |
| Relationship | <input type="text" value="Mother"/> | Work Phone | <input type="text"/> |
| Login Email | <input type="text" value="educationadmin@gmail"/> | Cell Phone | <input type="text" value="2078654469"/> |
| Other Email | <input type="text"/> | Other Phone | <input type="text"/> |

[Add second parent/guardian](#)**EXAMPLE**[Add another parent/guardian who resides at a different address](#)

Promotions & Coupons

| | | |
|------------|------------------|-------|
| | Zip | 04032 |
| Home Phone | 2078654469 | |
| | EX: 828-555-1212 | |

Your Personal Information

| | | | |
|--------------|----------------------|-------------|------------|
| First Name | Test Parent | Last Name | 2024 |
| Title | Undefined ▼ | Suffix | None ▼ |
| Relationship | Mother ▼ | Work Phone | |
| Login Email | educationadmin@gmail | Cell Phone | 2078654469 |
| Other Email | | Other Phone | |

Add second parent/guardian

Page 2 Cont'd

Add another parent/guardian who resides at a different address

Promotions & Coupons

Our Sibling Discount and Multi-Week Discount will be automatically applied. The Sibling Discount is applied once the 2nd child is added, and accordingly to each child after. The Multi-Week Discount will be applied for 3+ weeks.

If a parent or guardian is a current member of the military or a Veteran, use the code MIL2024 in the promo-code box below to receive our Military Discount.

We use the honor system in offering these promo codes. Thank you for your honesty.

Promotional Code/Coupon

Apply Promotion

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Please specify if you'd like to enroll your camper in Before Care, from 8am - 9am. There is a separate fee of \$75.00 associated with this add-on.

Additional Options

Before Care is NOT offered to Afternoon Buds.

Before Care

| | |
|--|---------|
| <input type="checkbox"/> Before Care Week 1 | \$75.00 |
| <input checked="" type="checkbox"/> Before Care Week 2 | \$75.00 |
| <input type="checkbox"/> Before Care Week 4 | \$75.00 |
| <input type="checkbox"/> Before Care Week 9 | \$75.00 |

Sponsor a Scholarship

What does it mean to sponsor a full week or half a week Farm Camp?

A \$325 contribution covers a full week of camp for a family that otherwise could not afford to join us, and a \$162.50 contribution covers half a week.

In the past year, we are proud to have awarded over \$6,000 in scholarships to 21 campers whose families have demonstrated financial need, making our community more inclusive of all children who would like to experience Farm Camp.

Thank you for considering joining us in this effort!

All contributions to our scholarship fund are 100% tax deductible.

| | |
|---|----------|
| <input type="checkbox"/> Sponsor Half a Week of Farm Camp! | \$162.50 |
| <input checked="" type="checkbox"/> Sponsor a Full Week of Farm Camp! | \$325.00 |

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Our goal is to provide a transformative camp experience for your child. The more we know about them, the better we can support their needs.

These are preliminary questions and for the sake of time you are not required to explain your answers right now.

You WILL need to provide further information after enrollment.

Does your camper have any of the following?

- ☐ Asthma
- ☐ Diabetes
- ☐ Anaphylaxis risk
- ☒ Other chronic health condition
- ☒ None

Does your child have any activity restrictions?

- ☐ yes ☒ no

Has your child worked with a one-on-one support specialist in an academic setting?

- ☐ yes ☒ no

Does your child have any significant emotional or behavioral challenges we should be aware of?

- ☒ yes ☐ no

You may reach out to us at any time, at 207-865-4469x101, or we will contact you at your provided phone number and email address.

EXAMPLE

Please do not hesitate to reach out to our office (207-865-4469 ext. 101) to discuss your campers specific needs, how we can accommodate them, or if you are still unsure if Farm Camp would be a good fit. We are very much willing to do what is reasonably within our capacity, while ensuring the health and safety of all of camp, to help your camper have a safe and successful week.

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Will you be applying for a scholarship?

☒ yes ☐ no

Wolfe's Neck Center is thrilled to have the opportunity to provide scholarships to our community.

Following the submission of this application, please navigate to Forms & Documents within your account to complete your Scholarship Application and find more information.

Upon completing this application, you will be charged a \$20 deposit per week, for each child.

If this expense is not possible right now, please reach out to us immediately and we will aid in the process of getting you enrolled without deposit fees.

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Billing Information

You WILL be charged an automatic deposit of \$20 PER week upon Enrollment, for each child. You will not be charged a deposit if Waitlisted.

Every payment made with a card will incur a 3.2% processing fee.

Your billing information is below. Invoices will be sent via email.

Ms Test2024 2024
(blplolo21@gmail.com)
184 Burnett Rd
Freeport, ME, ME 04032

[Edit Billing Information](#)

Payment Information

Please note we require a minimum payment amount of more than \$5.

| | |
|----------------|-------------------|
| Charges | \$1,895.00 |
|----------------|-------------------|

Seedling Test

| | |
|--|----------|
| Seedlings Week 2 Tuition | \$325.00 |
| Seedlings Week 4 Tuition | \$325.00 |
| Seedlings Week 9 Tuition | \$325.00 |
| Sponsor a FULL Week of Farm Camp! (1 x \$325.00) | \$325.00 |
| Seedlings Week 1 Tuition | \$260.00 |
| Before Care Week 2 (1 x \$75.00) | \$75.00 |
| Friday April 19th 9am-4pm | \$65.00 |
| Tuesday Feb. 20th 9am-4pm | \$65.00 |
| Wednesday April 17th 9am-4pm | \$65.00 |
| Wednesday Feb. 21st 9am-4pm | \$65.00 |

| | |
|------------------|-----------------|
| Discounts | (\$5.00) |
|------------------|-----------------|

Seedling Test

| | |
|-------------------------|----------|
| Multiple Weeks Discount | (\$5.00) |
|-------------------------|----------|

EXAMPLE

Discounts**(\$5.00)****Seedling Test**

Multiple Weeks Discount

(\$5.00)

Page 6 Cont'd**New Family Balance****\$1,890.00****Due Now for Seedling Test****\$80.00**[Pay in Full](#)**Deposit**What form of payment will you use for the deposit?

- ☒ Debit/Credit Card
☐ eCheck

Payment Schedule for Balance

- ☐ **Manual Card Pay by June 1st**
(Debit/Credit Card)
- ☐ **Manual eCheck Pay by June 1st**
(eCheck Manual)
- ☐ **Auto Monthly Card Installments by June 1st**
(Debit/Credit Card)
- ☒ **Auto Monthly eCheck Installments by June 1st**
(eCheck Manual)

Debit/Credit Card

You currently have no debit/credit cards on file.

[Add a debit/credit card](#)

Payments made using a Credit Card will incur a processing fee of 3.20% or the percentage allowed by the card brand, whichever is lower. We do not add processing fees on Debit Card transactions.

Payments made using an eCheck will incur a processing fee of 0.00%.

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