

Primitive Pursuits ~ Home School Spring 2010

I, _____, the parent/guardian of _____
give permission for him/her to participate in the following Primitive Pursuits program offered by Cornell Cooperative Extension/4-H Youth Development at 4-H Acres:

Youth Nature Awareness Program: A Homeschool Program for ages 8-16
Location: 4-H Acres, 418 Lower Creek Road, Ithaca, NY
Thursdays (**13 week session**) 9:00am - 1:30pm; March 18th – June 17th (no session 4/8)
Cost: \$350-\$450 (self-determined sliding scale)

Tracks & Trails: A Homeschool Program for ages 5-8 (and their parents)**
** All participants' parents are welcome and encouraged to join.
Location: Eco-Village, Ithaca NY
Tuesdays (**10 week session**) 9:30am - 1:00pm; Apr 13th – June 15th
Cost: \$250-\$350 (self-determined sliding scale)

Address _____
City _____ **State** _____ **Zip** _____

Email _____

Phone: (h) _____ **(w)** _____ **(cell)** _____

If we can't reach you in an emergency, whom should we contact? _____

Relationship to child: _____ **How to contact:** _____

Child's Information (Please fill out one form for each child):

Allergies _____

Medical Conditions _____

Other Concerns/Dietary preferences _____

Birth Date: _____ **Age at start of program:** _____

Gender M F **How did you hear about this program** _____

By signing this form I give permission for my child to participate in the above-mentioned Primitive Pursuits program of Cornell Cooperative Extension/4-H Youth Development. I give permission for Cornell Cooperative Extension staff and emergency medical personnel to give my child medical treatment if necessary. I give permission for Cornell Cooperative Extension staff to transport my child. I give permission for my child's photo to be used for Primitive Pursuits or Cornell Cooperative Extension promotional/educational/social media. I give my consent to receive information about future Primitive Pursuits programs. I give permission for my child to use a knife and tend fires with adult supervision. I understand that I should alert Cornell Cooperative Extension staff to any medical conditions or allergies that my child may have. I understand that my child may be getting muddy, smelly, and bug bitten.

Please check here if you **do not** want your child's photo used by Primitive Pursuits on our social network site (currently Facebook.com)

This is my first Primitive Pursuits Program and I was referred by _____

In addition to me, the following people have permission to pick my child up from the program:

Please confirm my registration by (circle one) email phone

Program Cost \$ _____ (funds from sliding scale are used for scholarships) **Amount enclosed** \$ _____

In addition I would like to support future programming with a tax deductible gift! \$ _____

Parent or Guardian signature _____ **Date** _____

Make checks payable to **Primitive Pursuits** and send c/o CCE-TC, 615 Willow Ave. Ithaca, NY 14850
Or you may give cash or credit card information to the CCE-TC receptionist.

FOR STAFF USE ONLY: rec'd on _____ deposit rec'd \$ _____ balance due \$ _____
confirmed on _____ balance rec'd on _____ database updated _____



Building Strong & Vibrant Communities with
Cooperative Extension
Tompkins County



4-H Youth Development