

Sprouts Children's Program 2010

The Farmacy Sprouts program
is a summer program for children ages 4-14.

The 2010 program runs on Tuesdays from June 22-August 31.
(with the exception of July 5th).

8:30 am-12:30 pm for children 4-8 years old
1:30 pm- 5:30 pm for children 9-14 years old

Our sessions focus on holistic health, herbs and art projects. Each class includes a hands-on project, games, a healthy snack, and garden/social time.

Herbal/Garden related workshops include: Vegetable and herb gardening and plant id, teas, salves, poultices, syrups, tinctures.

Health Related workshops include: Healthy cooking (cooking- related projects, and art-related projects), dream journals and pillows.

Art Related include: Book binding: Participants make their own book and then use it to create an ongoing herb journal, write down recipes, draw pictures of plants that we are using, leaf and flower pressing, etc..

Theatre: The last day of the program they will create their own play and costumes and perform the play for their families. (August 31st, save the date!)

Price: (10 classes):One child: \$400-\$200 sliding scale.
Two children: \$300-\$150 per child sliding scale.

Full scholarships available for single parent families or low income families. Apply early for scholarships.

We will run the program with minimum 5 kids and maximum 8 kids, so sign up soon!!

Child's Name _____

Parents Name _____ Home Phone # _____

Cell _____ Spouse/Partner contact # _____

Address _____

_____ Email _____

Food Allergies _____

Allergic to Bees? _____ If so, what is the procedure you prefer in case of a sting?

Payment

Sliding Scale Options

A sliding scale is a tool for ensuring equal accessibility to Farmacy programs, regardless of financial resources, and it requires your active participation. If a sliding scale is implemented effectively, everyone pays a similar percentage of their income for the same services. This way, the cost is not a fleeting pocket change for some people and a big commitment to other people. Sliding scales are often based on individual income levels, with people of higher incomes paying more.

Scale for one child participating

\$10,000-\$20,000 income per year= \$200

\$20,000-\$30,000 income per year= \$300

\$30,000-\$50,000 income per year= \$400

under \$10,000: full scholarship

Scale for two children participating

\$10,000-\$20,000 income per year= \$150 per child

\$20,000-\$30,000 income per year= \$250 per child

\$30,000-\$50,000 income per year= \$300 per child

under \$10,000: full scholarship

Make checks to:

Farmacy Herbs

Liability Waiver

We live in a different world today. The following is a Liability Waiver Form parents must sign before they can drop off their kids at the Farmacy Children's Program. It seems harsh, because we have never had an accident during our programs, but we need to cover our bases!

Farmacy Children's Program 2010

I ACKNOWLEDGE AND AGREE that the participation of any program, including participation in the Farmacy Children's program has inherent risks. I have full knowledge of the nature and extent of all risks associated with exercising, running, playing, and the Farmacy Children's program, including but not limited to:

GAMES, SONGS, EXERCISES, INSTRUCTION, IF ANY, AND ANY OTHER ACTIVITY ASSOCIATED WITH THE FARMACY CHILDREN'S PROGRAM ON AND AFTER THE DATE HEREOF.

I further acknowledge that the above list is not inclusive of all possible risks associated with the program and that the above list in no way limits the extent or reach of this release and covenant not to sue.

In consideration of my child's participation in the Farmacy Children's Program program, I, the undersigned user, agree to release, indemnify, and hold harmless, on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE, INDEMNIFY, AND HOLD HARMLESS Farmacy Herbs, Mary Hastings, Peter Parazzo, Alex Svoboda, its officers, agents, and employees (hereafter collectively referred to as "FARMACY CHILDREN'S PROGRAM") from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against FARMACY CHILDREN'S PROGRAM, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my use of the FARMACY CHILDREN'S PROGRAM facility, whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of FARMACY CHILDREN'S PROGRAM, its officers agents, and employees.

I hereby certify that my child is in good health and that my child has no physical limitations, which would preclude their safe participation in the Farmacy Children program. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having read it.

I ASSUME ALL RISKS AND HAZARDS TO INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES.

I AM THE PARENT OR GUARDIAN OF THE NAMED CHILD WHO IS A CANDIDATE TO BE PARTICIPATING AT THE FARMACY CHILDREN'S PROGRAM. I HEREBY GIVE MY APPROVAL TO THE PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES OF THE FARMACY CHILDREN'S PROGRAM.

I give permission for photographs taken at Farmacy Children's Program may be used for publicity purposes.

Children must stay within sight of instructors at all times. It is imperative that the children behave and obey instructors. Those whose conduct or influence creates safety or discipline problems will be asked to leave. They will not receive a refund. Please don't bring electronic games, toys or other distractions.

AUTHORIZATION FOR MEDICAL SERVICES

I/We, parent(s)/guardian(s) of _____ (name of child/ward), hereby designate the program leader or his/her designee to act in my behalf to authorize such hospitalization, medical attention, and/or surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in Farmacy Children Program activities. I/We hereby assume financial responsibility for hospitalization, medical attention, transportation, and surgery provided. I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services.

Emergency contact

Emergency Contact Name: _____

Emergency Contact number: _____

Child's Doctor Name: _____

Child's Doctor Phone Number: _____

Child's Health Insurance Number: _____ Any

Allergies: _____

Allergy Alert: Please call _____ at _____ for more information Any
Medication we should be aware of? _____

Parent or Legal Guardian Signature is Required: _____ Parent or
Legal Guardian Name (please print) _____