

# HAZELWILD FARM SUMMER CAMP 2026



**IMPORTANT REGISTRATION INFORMATION — PLEASE READ**



Serving families for over 45 years!

Hazelwild Farm Summer Camp offers a classic summer experience filled with fun, friendship, and outdoor adventure — including swimming, fishing, canoeing, biking, and more!

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## REGISTRATION OPENS

**Saturday, March 21st at 9:00 a.m.**

📍 Main Building

⚠️ **CAMP FILLS QUICKLY — SPACE IS LIMITED**

Enrollment is intentionally capped to maintain proper counselor-to-camper ratios and program quality.

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## REQUIRED AT REGISTRATION (ALL ITEMS MUST BE IN HAND)

- ✓ Completed registration form
- ✓ Child's original birth certificate
- ✓ Current physical form & immunization record

Forms are available on our website under Forms & Brochures.

! Incomplete paperwork will prevent registration.

If your child attended Summer Camp 2025, please call the office in advance to confirm which documents we already have on file.

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## NEW FOR SUMMER 2026 — PLEASE NOTE

### REGISTRATION / ADMINISTRATIVE FEE

A flat, non-refundable \$120 registration fee per child is due at enrollment.

- Secures your child's spot
- Covers administrative processing, staffing, and program preparation
- Not applied toward weekly tuition
- Non-refundable, regardless of attendance or schedule changes
- Acceptable payment forms are: Cash, Check, Debit (no fee), and Credit (4% processing fee)

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### \$ REFUND POLICY

- If a session is canceled in writing, weekly tuition of \$350 may be refunded
- The \$120 registration fee is non-refundable and will not be credited toward tuition



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### IMPORTANT FAMILY REGISTRATION POLICY

Due to limited space, families may only register:

- Their own child(ren)
- Grandchild(ren)
- Niece or nephew

⊘ Registrations for neighbors, friends, or others **will not be** accepted.

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 **WE CAN'T WAIT FOR ANOTHER AMAZING SUMMER!**

Whether this is your first summer or your fifteenth, we look forward to welcoming your family for season full of summer fun, adventure, and memories that last a lifetime.

See you at Hazelwild!

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## HAZELWILD SUMMER CAMP 2026

*Please Print in Black Ink and Complete All Blanks*

*Return application with Deposit*

Full Day Big Camp 7:30 – 5:30 (Grade in fall): \_\_\_\_\_ Full Day Little Camp 7:30 – 5:30 (Circle class next fall): Pre-K /K

First	Middle	Last	Nickname (optional)
Birthday / /	Sex M / F	Home phone number ( ) -	<b>Allergies</b>

Camper's street address	City	State	Zip code
Billing address if different	City	State	Zip Code

Mother's name	Place of employment	Home number if different ( ) -	Work phone ( ) -
Address if different	City	State	Zip code
			Cell phone ( ) -

Father's name	Place of employment	Home number if different ( ) -	Work phone ( ) -
Address if different	City	State	Zip code
			Cell phone ( ) -

**Physician's name:** \_\_\_\_\_ **Physician's phone number:** \_\_\_\_\_

Emergency contact (two local contacts **REQUIRED** other than parents)

1. Name: \_\_\_\_\_ Local phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Local phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person(s) authorized to pick up child: \_\_\_\_\_

Person(s) **NOT** authorized to pick up child: \_\_\_\_\_

We DO NOT ADMINISTER any medication other than an emergency medications. Your emergency medications must be accompanied by a Medical Authorization form and Action Plan. Please refer to our website for these forms.  
\_\_\_\_\_(INT)

Previous child care / school attended: \_\_\_\_\_

Do you give permission for your child to participate in all summer activities sponsored by Hazelwild Farm Educational Foundation for the 2026 season? Yes \_\_\_\_\_ No \_\_\_\_\_

In consideration of my child's participation in any camp activity at Hazelwild, I hereby release and waive any rights to legal action against the foundation, its' employees, agent and representative for any loss, damage, injury or death to person or property sustained by my child in any camp activity by any cause whatsoever.

**If your child has not been picked up within fifteen minutes past dismissal time we will call your home, work, cell and emergency contact to arrange for pick up. If we are not able to make arrangements within one hour, we are required to call Social Services and ask a law enforcement officer to pick up your child. Please do not force us to use this procedure. Please send in a note if your child will be picked up by someone other than a parent. Phone calls will not be accepted.**

I have read and accept the conditions of the registration requirements and authorize the above application.

**This Medical Authorization must be completed:**

I hereby authorize Hazelwild Farm Educational Foundation to procure any necessary medical care for my child should an emergency occur and the listed parents cannot be located immediately.

I agree that after the camp office notifies one of the listed parents when my child becomes ill, I will arrange to have my child picked up as soon as possible.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of parent or guardian

OFFICE USE ONLY:  
BIRTH CERT #

Camper's Name: \_\_\_\_\_

Full Day Little Camp (Circle class next fall): Pre-K / K

Big Camp (Grade next fall): 1<sup>st</sup>: \_\_\_\_ 2<sup>nd</sup>: \_\_\_\_ 3<sup>rd</sup>: \_\_\_\_ 4<sup>th</sup>: \_\_\_\_ 5<sup>th</sup>: \_\_\_\_ 6<sup>th</sup>: \_\_\_\_

Tuition Cost: Little Camp \$275.00(Pro-rated @\$220) Big Camp: \$350.00(Pro-rated @\$280)

**A \$120.00 NON-REFUNDABLE REGISTRATION FEE IS DUE WHEN REGISTERING. THIS FEE DOES NOT REDUCE TUITION AND IS CHARGED ONCE PER CHILD, REGARDLESS OF THE NUMBER OF SESSIONS YOUR CHILD ATTENDS.**

Sessions: _____ :	Tuition Due: _____
<input type="checkbox"/> (1) June 1-5	\$ _____
<input type="checkbox"/> (2) June 8-12	\$ _____
<input type="checkbox"/> (3) June 15-18 (pro-rated)	\$ _____
<input type="checkbox"/> (4) June 22-26	\$ _____
<input type="checkbox"/> (5) June 29-July 2 (pro-rated)	\$ _____
<input type="checkbox"/> (6) July 6-10	\$ _____
<input type="checkbox"/> (7) July 13-17	\$ _____
<input type="checkbox"/> (8) July 20-24	\$ _____

Total Tuition: \$ \_\_\_\_\_

Additional Children Discount : \$ \_\_\_\_\_

\$10.00 PER SESSION UP TO THE NUMBER OF WEEKS BOTH SIBLINGS ARE ENROLLED  
WEEKS DO NOT HAVE TO BE THE SAME

Balance: \$ \_\_\_\_\_

**50% OF BALANCE IS DUE BY May 5, 2026.**

**Your account BALANCE is due on or before your child's first day of camp. Registrations received AFTER May 6, 2025 will need to be accompanied with a payment of 50% of your total. HAZELWILD DOES NOT BILL.**

**\*Late Pick-up Policy:** Hazelwild's camp day ends at **5:30 p.m.** All children **MUST** be picked up by **5:30 p.m.** **TRAFFIC WILL NOT BE TAKEN INTO CONSIDERATION.** If you are more than 5 minutes late, you will be charged a \$25.00 late fee (per child). If you are late more than once, you will be asked to disenroll your child and a **PRO-RATED REFUND WILL BE GIVEN.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent's Name

**\*Behavior Policy: Disrespectful behavior will not be tolerated and may result in expulsion. If a camper is expelled due to unacceptable behavior, TUITION WILL NOT BE REFUNDED.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent's Name

**\*Camper Cell Phone Policy: No cell phones permitted in camp. First offense is a warning. Second offense will result in a dismissal from camp. No refunds will be given.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent's Name

**\*Cancellation Policy: A one week written notice must be received or no refund is given for weeks cancelled.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent's Name

**\*Hygeine Policy: All campers must be fully and completely toilet trained to attend our summer camp program. NO EXCEPTIONS ZERO TOLERANCE AUTOMATIC DISMISSAL NO REFUNDS**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent's Name

**Do you give permission for your child to swim at Hazelwild? \_\_\_\_\_**  
**(Your child's level of swimming ability will be assessed by our certified lifeguards.)**  
**Do you give permission for your child's counselor to administer sunscreen and insect repellent? \_\_\_\_\_**  
**Parent agrees to inform Hazelwild of any communicable diseases contracted by any immediate family members. \_\_\_\_\_**  
**Do you allow your child's image to be used on Hazelwild's webpage only? Yes No**