



Summer 2010 at Soulshine Farm

Soulshine Farm



54 Park Avenue,
Randolph, NJ 07869

Soulshine Farm Day Camp:

We will be running summer camp TWO DAYS A WEEK, for SIX WEEKS this year for children ages 4-12. (Children must turn four before the first date they attend camp.)

Each week will be unique based on a different theme and children are welcome to **sign up for one or any number of weeks.**

Staff will include owners, Brad Swenson, Julie Swenson -certified teacher and certified social worker, certified Art Teacher Isabel Wall, Dan and Gil Swenson, and additional staff as needed, depending on the number of children enrolled and the needs of the children. Three groups will be formed based on ages of the children. Group size is limited to 8 children per age group (6 children in the youngest group). Counselor/camper ratio is 1:4 – 1:5.

Each day the children will have three 45 minute sessions:

Farm Time: Children will carry out basic farm chores and be taught care of the chickens, horse, and alpacas. We will follow a 4H curriculum for the work with the animals. Children will help in the gardens, learning about and caring for various vegetables - and sampling veggies too!

Yoga Class: Children will discuss the theme of the day and then learn asanas (poses), breathing, and relaxation methods through stories, songs, and games. Yoga mats will be provided.

Arts and Nature: Children will participate in various arts projects, including fiber arts, outdoor painting and drawing, wood building, along with nature appreciation.

There will be 15 minutes between each class for free play, group team building and games, restroom breaks, water and snack time. Organic Fruits/Veggies and homemade muffins will be provided each day during break time.

Fee: \$90/child/week

Registration: To hold a place for your child in a camp session,

1. Fully Complete the Camp Registration Form
2. Send with a check payable to "Julie Swenson" *
3. Mail to Julie Swenson, 54 Park Ave. Randolph, NJ 07869

Please keep this form and check below for your own records to note which week(s) your child is enrolled:

○ Session 1	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	June 22 and 24
○ Session 2	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	June 29 and July 1
○ Session 2B	9:00 a.m. - 12:15 p.m.	Monday & Wednesday	June 28 and 30
○ Session 3	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	July 13 and 15
○ Session 4	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	July 20 and 22
○ Session 5	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	August 3 and 5
○ Session 6	9:00 a.m. - 12:15 p.m.	Tuesday & Thursday	August 10 and 12

*Once registered there are no refunds if a child withdraws from camp prior to the sessions beginning. If a child misses camp to due illness or an emergency, please contact us, and we will make every effort to reschedule the child in another session if there is an opening.



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**To register, please complete one form for each child.
Please check the session(s) your child would like to attend.**

- o Session 1 9:00 a.m. - 12:15 p.m. Tuesday & Thursday June 22 and 24
- o Session 2 9:00 a.m. - 12:15 p.m. Tuesday & Thursday June 29 and July 1
- o **Session 2B 9:00 a.m. - 12:15 p.m. Monday & Wednesday June 28 and 30**
- o Session 3 9:00 a.m. - 12:15 p.m. Tuesday & Thursday July 13 and 15
- o Session 4 9:00 a.m. - 12:15 p.m. Tuesday & Thursday July 20 and 22
- o Session 5 9:00 a.m. - 12:15 p.m. Tuesday & Thursday August 3 and 5
- o Session 6 9:00 a.m. - 12:15 p.m. Tuesday & Thursday August 10 and 12

Fee: \$90/child/week Total number of weeks _____ x \$90 = total \$ _____2.
Please make checks payable to "Julie Swenson"

Child's Name _____ Birthdate: ____ / ____ / ____

Address _____ Phone: _____

_____ Cell: _____

_____ Email: _____

General Health Information:

Child's Age as of 6/1/10: _____

Has your child had any injuries/surgeries/serious illnesses? No: ____ Yes: ____

Is there any other information regarding his/her health that would be beneficial for us to be aware of?
No: ____ Yes: ____ (Please explain on page 3)

Does your child take medication? No: ____ Yes: ____ (If yes, continue to page 3)

Has your child been diagnosed with: Asthma/allergies: ____ Chronic Ear Infections: ____

Heart Condition: ____ Seizure disorder: ____ Fracture/Sprain/ligament injury: ____

Other: _____ (Please explain on page 3)

If your child has health issues, has a doctor given permission to attend yoga classes? No: ____ Yes: ____

Does your child have any behavioral or learning needs? No: ____ Yes: ____ (If yes, continue to page 4)

This history is correct and complete as far as I know. My child has permission to engage in all camp activities except as noted. I hereby give permission to Julie or Brad Swenson to act *in loco parentis* to provide, seek, and consent to first aide care, transportation and emergency treatment for my child, if necessary. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Julie or Brad Swenson to secure and administer treatment, including hospitalization, for my child named above.

Parent Name: _____ Signature: _____ Date: ____ / ____ / ____

Completed form should be sent to: 54 Park Ave. Randolph, NJ 07869



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Any health needs / injuries we should be aware of:

Horizontal lines for writing health needs or injuries.

Medication Needs - Please detail:

Horizontal lines for writing medication needs.



For Staff to complete:

Notes: Horizontal lines for staff notes.

Date Contacted Parents: Staff Signature:



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Special Behavioral/Learning Needs:

1. All campers must exhibit the following behavioral requirements - Able to: communicate their wants and needs appropriately without engaging in disruptive behaviors; must be able to follow instructions; participate in small group activities, and be independent in toileting. Do you believe your child will be able to achieve the behavioral requirements? Are there supports that must be in place to help your child achieve the behavioral requirements?

2. Please describe your child's 2009-2010 educational setting, including information on type of classroom (inclusion or special education), level of support (does your child have his/her own aide in the classroom or a shared aide), teacher:student ratio,size of the class.

Once we receive your application we will contact you to determine how to best meet your child's needs. If it is determined that an aide is necessary, parents may make arrangements to hire an aide for their child from a list of Soulshine Farm Camp approved aides only.

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For Soulshine Farm Staff to complete - Notes:

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Date Contacted Parents: \_\_\_\_\_ Staff Signature: \_\_\_\_\_