

Daisy Hollow Farm  
830 Daisy Hollow Rd  
Dryden, NY 13053  
(607) 423-6827  
emily@daisyhollowfarm.com

### **Summer Program**

June 26 – June 30    July 10 - 14    July 24 – 28    July 31 – Aug 4  
August 7 – Aug 11    August 21 - 25

Half day program for children ages 8-15.  
Program runs from 8 am – 12 pm, Monday through Friday.

The day will be focused on learning to work with animals and learning how to work on a farm! Children will also learn to make some of the items we produce here on the farm, and we will take a hands-on approach exploring our natural world.

A typical day in our program would be structured as follows:

8 am - 9 am - Morning meeting and chores: Kids learn how to milk a cow, feed pigs, move sheep and goats to new pastures, feed chickens, collect eggs, etc.

9-10:30 – Work with animals: We work with different animals every day. Kids learn to clip goat hooves, lead the horses, give the pigs a bath, clip angora rabbits, etc.!

10:30 - snack

10:45-12 - Daily Class: Kids will learn to make lip balms, work with wool, salves, primitive pursuits skills, etc.

Other activities throughout the week include learning how to curry horses and clean their hooves, learning how to handle chickens, clipping goat hooves, catching sheep, and exploring our woodland adventure course! If there are baby animals born during our program, children will get first-hand knowledge on working with these young animals. We will also explore methods on how to harvest and store produce, botanicals, and herbs, children can take home some of the fruits of their labor! We have lots of classes planned for many more hands-on activities.

Weekly rate: \$185 due at registration. Add \$15 per child for a Daisy Hollow Farm T-shirt. Fees include materials needed for classes, and snacks/drinks that we provide (ice cream day, roasting marshmallows and hotdogs over the campfire, etc.). Please let us know if your children have special dietary needs. We provide gluten free alternatives.

Daily necessities: We would ask that children come with their own mask, sunscreen, and bug spray. Children are asked to provide their own snacks, though we will have snacks available (dried fruits, Nature's Bakery Fruit Bars, Stretch Island Fruit Leather, pretzels, etc). We will be out on the farm and in the woods, please make sure child has appropriate foot gear (closed-toe shoes, not flip flops).

Please fill out the information below and mail, email, or text to above address or phone number.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Dates your child will attend camp (please circle):

June 26 – June 30    July 10 - 14    July 24 – 28    July 31 – Aug 4

August 7 – Aug 11    August 21 - 25

T-Shirt Size (please circle):    Adult L    Adult M    Adult S    Adult XS(fits youth size M)

Fee enclosed: \$ \_\_\_\_\_ (\$185 per child. Add \$15 for t-shirt). Payment can also be made via PayPal to [emily@daisyhollowfarm.com](mailto:emily@daisyhollowfarm.com), or Venmo to @DaisyHollowFarm. Please be sure to reference program dates and your child's name. Please make checks payable to Daisy Hollow Farm.

Waiver:

If your child has allergies to any animals, please send allergy medicine with instructions or make sure child has taken allergy medication before camp. Your child will be out in various weather, please make sure child is dressed appropriately and has sunscreen.

By enrolling in this program, I acknowledge that my child will be exposed to farm animals and any risks associated with farm animals and farm activities. By signing this waiver, I assume all responsibility for my child and all risks and liabilities for injury and accidents. I hold the property owner, program director, and any associated camp mentors harmless for any injury or accident.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Medical History and Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Info:

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Co. # Group: \_\_\_\_\_