

CARROLL COUNTY FARM MUSEUM SUMMER CAMP 2026 REGISTRATION

Half Day (week long) \$125 per session*

__ **Farm Camp: Little Homesteaders*** June 22 – 26

Full Day (week long) \$195 per session*

- Farm Camp: Caring for a Community** July 6 – 10
- Living History Camp: Voices of the Past** July 20 – 24
- Living History Camp: Life at the Almshouse** August 3 – 7

Half Day (single day) \$30 per session

- Play the Past: Sports and Games** June 16
- Powered by Fire** June 30
- Music of the Past** July 14
- Sun, Soil and Sky** July 28
- From Seed to System** August 11

Open to rising Kindergarteners through rising 6th graders.

***Little Homesteaders open to campers in pre-k through 1st grade.**

Full day camps will be held from 9 a.m. to 4 p.m. rain or shine.

Half day camps will be held from 9 a.m. to 12 p.m. rain or shine.

Camper's Name: _____ Parent's Name: _____

Address:

Digitized by srujanika@gmail.com

Home: (H) _____ (W) _____ (C) _____

Campers Birthdate: _____ Sept. 2020 Grade Level: _____

Email: _____

Please complete all forms in this packet and mail or email with payment by May 11, 2026.
Entries are limited. Seats are filled based on date of payment.

*Prices listed are early bird pricing. After March 12, prices will increase \$25 per camper for week long sessions.

To pay by credit card (Visa, MasterCard or Discover only), please fill out the following:

To pay by credit card (Visa, MasterCard or Discover Only) please fill out the following:

Card Type: _____ Name on Card: _____

Expiration Date _____ CLV (number on back of card) _____

To pay by check, please make your check out to the *Carroll County Farm Museum*.

To pay by check, please make your check out to the Carroll County Farm Museum. Completed applications should be mailed to:

Completed applications should be mailed to: Carroll County Farm Museum, 500 S. Center St., Westminster, MD 21157 and marked **Attention: Summer Camp**.

Camper Pick-up Form

This form must be completed and turned in before the first day of camp. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed.

NOTE: For the campers' safety we will be checking identification and requiring signatures at pick-up. Campers will only be released to the individuals listed below.

No child will be released to a person not included on this list.

PLEASE BRING A PHOTO ID TO PICK UP YOUR CAMPER EACH DAY.

Camper Name: _____

Primary Pick-up

Name: _____ Relationship to Camper: _____

Phone Number #1 (____) _____ Home Cell Work

Phone Number #2 (____) _____ Home Cell Work

I hereby authorize the following person(s) to pick up my child from camp:

Name (First, Last)	Relationship	Phone Number
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Name (First, Last)	Relationship	Phone Number
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Signature of Parent/Guardian: _____

Date: _____

SUMMER CAMP

PHOTO RELEASE

I hereby consent to the use and reproduction by the Carroll County Farm Museum and Carroll County Government of my child's photographic image while attending the Museum's 2026 Summer Camp. Future publication includes newspaper stories, the Farm Museum website and Farm Museum brochures and publications.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images taken during camp will become the exclusive property of the Carroll County Farm Museum and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Check ONE of the following AND fill out the information below:

I AGREE to the terms above: _____

I DO NOT AGREE to the terms above: _____

Date: _____

Child's Name: _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Camp Registration Packet Checklist

- Registration Form
- Camper Pick-up Form
- Camper Health History Form
- Photo Release Form
- Medication Administration Authorization Form
**Only needed if you are sending medicine to camp.
This must be signed by the prescribing physician.

If medication is to be sent to camp for your child, the Medication Administration Authorization Form MUST BE completed by you, signed by the prescribing physician and brought to camp with the medication in its proper marked container on the first day of the session. For questions, please call Makenzie Gawel, camp director, at 410-386-3886 or call 800-654-4645 and ask to speak to Ms. Gawel.