



Where children and animals grow together



Barn Buddies

Welcome to Sweet Meadow Farm, a three generation family owned and operated business for the last 15 years. Here at Sweet Meadow Farm we are an educational facility specializing in raising children-friendly animals. We emphasize on the love and companionship of our wide variety of animals.

Ages 4-12
9:30-12:30 (Saturday) - limited to 12 children

Do you love ALL kinds of animals... like horses, ponies, bunnies, rabbits, guinea pigs, chicks, AND awesome exotic animals like a deer, a wallaby, a trained emu, and our friendly small animals, and oh so much more?! Are you willing to get dirty and muddy? If you are, then you would make a fantastic Barn Buddy. Come play and care in our junior animal science drop-off program for the many animals at Sweet Meadow Farm, and be ready for the new adventure that happens every Saturday morning! Some Saturdays, time permitting, children will have a pony ride as a bonus!

Come on any Saturday for \$65 or sign up for the whole month and SAVE!!

Cost per month: 2 days per month: \$100
 3 days per month: \$150
 4 days per month: \$200
 5 days per month: \$250

Session 1: September	
Saturdays 17, 24	\$100
Session 2: October	
Saturdays 1, 8, 15, 22, 29.....	\$250
Session 3: November	
Saturdays 5, 12, 19, 26.....	\$200
Session 4: December	
Saturdays 2, 9, 16, 23, 30	\$250
Session 5: May	
Saturdays 3, 10, 17, 24	\$200

CANCELLATION POLICY: Full payment is due at the time of registration. There is no refund to participants who cancel within a week of the class. We reserve the right to cancel any class due to low participation within one week of the scheduled class. You will be contacted and a full refund will be forwarded to those who have paid. In the event of a snow storm, cancellations will be determined based on driving conditions.

Please fill out the application on the back and return to the address listed below with payment.

SWEET MEADOW FARM
Student Application and Medical Authorization Form
PLEASE: Only one participant per form!

For Official Use Only

Check: _____

Amount: _____

Date: _____

This document covers the providing of animal interaction, and instruction by an instructor at **Sweet Meadow Farm** to the student named below. By signature hereon **Sweet Meadow Farm** agrees to provide the instructor and facilities to deliver the instruction and the student (or parent or guardian) agrees to attend and pay for the instruction according to this application. PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.

Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Cell phone: _____

T-shirt size: Young Large Young Medium Young Small Young XSmall

Parent or Guardian: _____ Relationship to Student: _____

Address: _____

Phone: _____ Cell phone: _____

Email address: _____

Sweet Meadow Farm may occasionally photograph your child during program hours. These photos may be used for our literature and will not provide any financial compensation for the farm.

Yes, I give my permission for my child to be photographed No, I do not want my child to be photographed

Cancellation Policy: Full payment is due at the time of registration. There is no refund to participants who cancel within one week of the class. There is no refund or makeup for participants who cancel in the middle of the program or miss a class. We reserve the right to cancel any class due to low participation within one week of the scheduled class. In the event of a snow storm, cancellations will be determined based on driving conditions. You will be contacted and a full refund will be forwarded to those who have paid.

In case of Emergency please contact:

Name: _____ Relationship to Student: _____

Address: _____

Phone: _____ Cell phone: _____

Medical Authorization: In the event the above names student requires medical treatment on account of any accident or injury which may occur in connection with any activities at **Sweet Meadow Farm**, the staff/instructors of **Sweet Meadow Farm**, and its owners are hereby given full authority to engage any necessary emergency medical services for the above names of students including the administrating of anesthesia, in the event the student is not able to act for himself/herself (or in the absence of parent or guardian).

I, (the above named student) am allergic to the following medications (if none, so state): _____

I/We have read the student application carefully and fully understand the contents of this document. I/We agree to the contents of this document.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Sweet Meadow Farm: _____ Date: _____

Program Sign Up: Please check the box for each session you want and send the check to the address below.

The **Sweet Meadow Barn Buddies Program** runs on Saturdays from 9:30 to 12:30.

Session 1: September	<input type="checkbox"/> Cost: \$200
Session 2: October	<input type="checkbox"/> Cost: \$250
Session 3: November	<input type="checkbox"/> Cost: \$200
Session 4: December	<input type="checkbox"/> Cost: \$250