

## Shiloh Farm After School Application

### **Shiloh Farm Ministry Inc.**

439 Community Dr.

Goldsboro, NC 27530

Phone: 919-222-9549

Email: shilohfarmministry@gmail.com

Website: www.shilohfarmministry.org



*Complete and return to:*

*Phyllis Hinson, Director  
Jessica Barbato, Program Director*

### **AGES 5-13**

Student's Full Name: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred to be called: \_\_\_\_\_ Birthday: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Emergency Contact (*other than parents*)

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

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Is your child emotionally, behaviorally, or physically challenged?

\_\_\_\_\_No\_\_\_\_\_Yes

If yes explain:

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Does your child have allergies? \_\_\_\_\_No\_\_\_\_\_Yes

If yes explain:

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Is your child on medications? \_\_\_\_\_No\_\_\_\_\_Yes

If yes please list them:

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## **Tuition Fees and Information:**

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*Phyllis Hinson, Director*

*Jessica Barbato, Program Director*

- ✓ The weekly rate is **\$75 per child, per week** (2-5 days). (**\$65 for 2 or more children, per week**). This is a flat rate due each week and stays the same amount regardless of attendance or hours.
  
- ✓ 1 day per week only: **\$15**
- ✓ All Day Care (TWDs & holidays): **\$10 extra each day**
- ✓ All Day Care week (Winter & Spring Breaks): **\$110**
- ✓ All Day Care: **\$20 per day** (For anyone not enrolled in fulltime after school program.)
  
- ✓ Payment is due in full each Monday for the week (unless special arrangements are made and you notify the director).
  
- ✓ Children must be picked up by 6:00 pm. There is a late fee of \$1 per minute. You must call the director if an emergency comes up.

**Please keep for your records!!**

## **Shiloh Farm Ministry Inc. Guidelines**

- I understand that *Shiloh Farm Ministry Inc.* assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition from his/her participation in after school activities. In consideration of the privilege of participating in activities, I hereby voluntarily release and discharge *Shiloh Farm Ministry Inc.*, its agents contract services, and employees from any and all claims for injury, illness, death, loss, or damage which my child may suffer as a result of his/her participation in activities during the school year.
- Participants are responsible for his/her own accident insurance when participating in activities offered at *Shiloh Farm Ministry Inc.*
- I understand there are inherent risks associated with horseback riding, with animals in general, when riding the train, and while using the playground equipment, and I agree to assume all risk on the behalf of my child.
- Children must wear a helmet when riding horses. Helmets will be provided by Shiloh Farm Ministry, but children may supply their own provided they are SEI certified ASTM helmets. (If your child's helmet is certified, it will be indicated on the inside of the helmet.)
- All children must wear closed toe shoes (preferably boots) when riding, handling, or being around horses.
- In the event of an emergency in which the parent(s) or guardian cannot be contacted, the parent(s) or guardian agrees to allow the staff members of *Shiloh Farm Ministry Inc.* to take appropriate action in the best interest of the child.
- I understand that *Shiloh Farm Ministry Inc.* will make every attempt to provide reasonable accommodations for every applicant.
- Shiloh Farm Ministry Inc.* reserves the right to decline the application of, or send home, any child who, according to the director's discretion, is detrimental to the general welfare of the program and other children. I understand that in such a situation, tuition is nonrefundable.
- I permit *Shiloh Farm Ministry Inc.* to use my child as a participant in promotional literature, promotional videos, and the *Shiloh Farm Ministry Inc.* website, which are published and used by *Shiloh Farm Ministry Inc.* I understand that my child's photo or likeness may appear in news media. I understand that my child's name will not be published or broadcast without the parent's or guardian's written consent.
- I understand that nonattendance does not entitle me to a refund. I understand that no refunds are granted for illness or vacations, but adjustments are made at the director's discretion.

I understand that *Shiloh Farm Ministry Inc.* is not responsible for items lost or stolen at our facility.

*Shiloh Farm Ministry Inc.* does not normally administer medication, but will do so with a medical permission form.

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

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDICAL RELEASE FORM**

As the parent or legal guardian of: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person responsible for charges (if different from above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I request that in my absence the above named child be admitted to any medical facility for diagnosis and/or treatment.

I request and grant permission for a licensed doctor or licensed technicians or nurse to perform any diagnostic procedures or any medical treatment needed.

Birthday of child: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication child is taking: \_\_\_\_\_

Permission to administer medication to camper: \_\_\_\_yes \_\_\_\_no

Other medical conditions: \_\_\_\_\_

Child's regular doctor: \_\_\_\_\_

Medical/Hospital Insurance Co: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**\*Shiloh Farm Ministry Inc. will not be held responsible for any charges related to this child.\***

**Shiloh Farm Ministry Inc.**  
**Liability Release Form**

**1. Request to Participate:** That I, parent/guardian, and/or rider(s) hereby voluntarily request to have the undersigned rider(s) participate in riding instruction and understand that the rider(s) will ride horses provided by *Shiloh Farm Ministry Inc.* for instructional purposes. In addition, it is understood that it is the responsibility of the undersigned parent/guardian and/or rider to learn and acquire about and all concerns that they have at any time regarding the safety of horseback riding and other activities at *Shiloh Farm Ministry* before undertaking such.

**2. Primary Control:** That I, parent/guardian, and/or rider(s) understand that upon mounting the horse and taking the reins, the rider(s) is in primary control of the horse, and *Shiloh Farm Ministry Inc.* is not responsible for the result of the student's actions or inactions. That rider(s) further agrees not to abuse, misuse, or deliberately agitate the horse or any other animal as these actions may result in increased risk to themselves and others.

**3. Disclosure and Assumption of Risk:** That I, parent/guardian, and/or rider(s) understand that horses are unpredictable by nature and that horseback riding as well as some other activities involves the risk of serious physical injury. The purpose of this warning is to bring to the attention of the undersigned the existence of potential dangers associated with horseback riding and aid the undersigned in making and informed decision as to whether he/she should participate in this athletic activity and, as a condition of such participation, assume and sign this Liability Release Form.

**4. Liability Release:** That I, parent/guardian, and/or rider(s), except in the event of this facility's gross and willful negligence, understand and agree to hereby release and discharge *Shiloh Farm Ministry Inc.*, the owners of the horses and equipment, the owners of the facility/property, as well as any and all farm related activities, employees, operators, instructors, agents, family members, and all other related parties, from **any and all** claims, demands, damages, economic and non-economic losses, due to bodily injury, death, or property damages sustained by the undersigned rider(s) in relation to the premises and operations of *Shiloh Farm Ministry Inc.* That I, parent/guardian, and/or rider(s) shall be solely responsible for expenses incurred because of such, bodily injury or property damage incurred while participating in this riding activity or while on the premises of *Shiloh Farm Ministry Inc.* I further agree that in the event of a lawsuit, or any legal action relating to my use, or the use of any minor child, I will be responsible for *Shiloh Farm Ministry Inc.*'s legal fees, and all court costs or damages which may accrue or be ordered against *Shiloh Farm Ministry Inc.*

**5. Special Health Conditions:** *Shiloh Farm Ministry Inc.* shall be made aware of the details of any allergies, ailments, or handicaps that the rider(s) participants' may have while riding at *Shiloh Farm Ministry Inc.*

**6. Farm Rules:** That I, parent/guardian, and/or rider(s), upon signing of this agreement, acknowledge that I have read and agree to the following rules of *Shiloh Farm Ministry Inc.*:

- ✓ I am hereby advised to wear fully enclosed shoes or boots with a hard sole and a heel. The purpose of this is protective in nature and is for riding purposes only.
- ✓ Children must be under constant adult supervision and parent/guardian will be responsible for their children's behavior while at *Shiloh Farm Ministry Inc.*
- ✓ All warnings and other signs shall be heeded at **all** times.

**7. Law:** The instructors/staff reserves the right to forfeit the rider/participant listed below at any time based upon the instructor's/staff's evaluation of said rider's/participant's negligence of the inability to maintain safety while mounted or not mounted. Being of legal age and of sound mind, the undersigned agrees that he/she has read and understands this Liability Release Form, its contents and warnings, and agree to the terms stated within.

\_\_\_\_\_  
**Printed Name of Rider /Participant**

\_\_\_\_\_  
**Signature of Rider/ Participant Age**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**



**2021-2022 School Year**  
**Sport Activity Release Form**

Upon signing this form, you agree to permit your child to participate in sports related / water activities. This releases *Shiloh Farm Ministry Inc.* from any liability, lawsuits, or any medical responsibility.

I understand there are inherent risks associated with any sport recreation.

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I agree

I do not agree

By signing below, you agree that this form is a legally binding document.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**2021-2022 School Year**  
**Photo Release Form**

I hereby consent to and authorize the use and reproduction by Shiloh Farm Ministry, Inc of all photographs and/or audiovisual materials taken of my child for promotional printed material, educational activities, exhibitions, websites, or for any other use for the benefit of the program.

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

- I agree
- I do not agree

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**