



ENRICHMENT PROGRAM FORM

Contact Name: _____

Telephone: _____ Email: _____

Organization: _____

Grade Level: _____ Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Visit Date: _____ Arrival Time: _____ Dismissal: _____

Number of Children Expected: _____ Number of Adults / Chaperones Expected: _____

Known medical or behavioral issues (if relevant): _____

For enrichment programs, we request one teacher / chaperone for every 10 children; if alternative arrangements are needed, they should be discussed with the Education Director prior to the program.

FEES:

- Enrichment programs are \$100 per program hour
- Additional fee(s) if applicable: _____

TOTAL COST: _____

Signature: _____ Date: _____

Please present this completed form with check payment the day of the visit.

Mailing the form and payment in advance of an enrichment program is not required, but if you choose to do so, please be sure to mail it to the following address:

Wright-Locke Farm Conservancy
Attn: Education Director
PO Box 813, Winchester, MA 01890

Please contact Erika Gorgenyi, Education Director, by email (egorgenyi@wlfarm.org) if you have any questions or concerns.

Additional Notes: