



Group Program Application 2017-2018

Contact Information

Name of school or group: _____ Date of application: _____

Mailing Address: _____

Group Leader (Primary Contact): _____

Phone: Work: _____ Cell: _____

Best time to call: _____

Email address: _____

Secondary Contact Name: _____

Phone: Work: _____ Cell: _____

Best time to call: _____

Email address: _____

PLEASE NOTE:

AT LEAST ONE OF THE CONTACTS LISTED ABOVE MUST BE PRESENT DURING YOUR GROUP'S PROGRAM.

Schedule Availability & Transportation

Program season (mark one): Fall (Sept-Nov) Spring (Mar-May) Summer (Jun-Aug)

Preferred Dates: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Preferred Arrival Time ____ a.m./p.m.

Departure Time ____ a.m./p.m. Programs can last 2-3 hours.

GROUPS ARE RESPONSIBLE FOR ARRANGING THEIR OWN TRANSPORTATION.

How do you plan to travel here? Bus Van Parent Drivers Other: _____

Group Description

Group size: # Students _____ PLEASE NOTE: Our maximum group size is 50 students.

Adult Leaders _____ PLEASE NOTE: We require one adult for every 10 students.

Student Age or age range: _____ Grade (if applicable): _____

Are students eligible for free/reduced lunch? Yes No

If yes, what percentage of students are eligible? _____%

Do you have a school garden? Yes No

Will you have lunch here? Yes No If yes, what time is lunch? _____

Lunch is not available on the farm; however, participants are welcome to bring their own lunches and picnic in the grass under the shade trees.

PLEASE NOTE: BE PREPARED TO PACK OUT YOUR OWN TRASH AND RECYCLING!

Special Needs Considerations

- | | |
|--|--|
| <input type="checkbox"/> Youth-at-risk | <input type="checkbox"/> ESL (specify native language(s):
_____ |
| <input type="checkbox"/> Physically impaired/mobility issues | <input type="checkbox"/> Other (please describe):
_____ |
| <input type="checkbox"/> Developmentally delayed/disabled | |

Total number of students receiving ECE services: _____

(Exceptional Child Education includes physical impairments, developmental delay, emotional/mental disability, learning delay/disability, speech/language impairment)

Health Considerations

Participants will spend the entire day outside interacting with plants, insects, and foods. Are there any participants in your group who are allergic to foods, insects, or plants?

Yes No

If yes, please describe the allergies present in your group and the number of students affected.

Are there students in your group who suffer from asthma or other breathing disorders?

Yes No

If yes, how many students are affected? _____



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Program Fees

The Food Literacy Project depends on program fees and donations to make our work possible. We request that participating groups pay a small program fee that represents less than 25% of the true cost (\$1,700) of a student program.

Fees:

- 1-25 students is \$250
- 26 -50 students is \$450

Please indicate which amount you will pay: \$_____.

If the program fee requested for your group is too high, please contact us to receive an application for assistance. The Food Literacy Project does not turn groups away for lack of funds.

If you are able to exceed this amount and cover more of the true program cost, please indicate the amount of your additional donation: \$_____. You can send a check made out to The Food Literacy Project in advance or bring payment on the day of your field study.

Program Investment

In addition to paying a program fee, The Food Literacy Project requires all participating groups to "invest in" their farm-based education experience in the following ways:

1. Provide us with letters of thanks to share with the donor(s) subsidizing your group's experience.
2. Provide us with student descriptions and reflections from their experience with Truck Farm in one or more of the following formats: Poetry, Drawing/ Painting, Essays, Photo or Video, Mixed-Media or collage

Please choose a reflective style that best meets your students' needs and submit by mail within 30 days of your program.

Rain Policy

On mornings when rain is a threat our program staff will contact you about program feasibility the day before. If our staff cancels the program, you are eligible for rescheduling or a full refund. **However, if you cancel a program, overruling our staff decision, you are not eligible for a refund or rescheduling.**

Cancellation Policy

Once your program is booked, we hold this date for your group. Program cancellations and changes made fewer than 14 days from your program date will result in a **\$50 cancellation fee** which will be billed to your group.

Photograph Consent Policy

My signature below signifies that I authorize that any photographs or video recording taken of my group during our participation in a program facilitated by The Food Literacy Project at Oxmoor Farm may be used by The Food Literacy Project for the purpose of promotion in perpetuity. I agree that the photo or video recording may be edited and otherwise altered at the sole discretion of The Food Literacy Project and used in whole or in part for any and all broadcasting, reproduction and/or exhibition purposes in any manner or media. I understand that these photographs and video recordings shall be fully owned by The Food Literacy Project and shall make no claim against The Food Literacy Project or the photographer for their use for any reason whatsoever. I agree to notify The Food Literacy Project if there are members of my group who are unable to be photographed.

What to Expect Next

Once we receive your completed application we will contact you to discuss date, program activities, and total cost. Afterwards, you can expect to receive a formal confirmation packet in the mail, including several forms that must be signed and returned prior to your group's program on the farm. The Food Literacy Project reserves the right to refuse service to groups that do not submit necessary paperwork prior to their scheduled program date(s).

My signature below signifies that I have read and understand The Food Literacy Project's Program Application and agree to abide by the rain, cancellation, and photograph consent policies.

Group Leader's Signature

Date