



6th - 12th Grade Summer Camp Application

Dear Parent/Guardian,

Thank you for choosing The Haven for your child during the summer! Our goal is to provide a motivating, positive, therapeutic, and most importantly *fun* environment for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Application Process:

Please note that the application does not guarantee acceptance of your child into the program. We strive to provide a positive and beneficial experience for all the children enrolled. For this reason, some children may be accepted on a trial basis to ensure that he or she will benefit from our camp. Space is limited, and we encourage you to apply at your earliest convenience.

After we receive your application, we will schedule a meeting where we can learn more about your child. Contact our team by email if you have any questions or concerns. Email is our primary means of communication with you regarding camp announcements. Please be sure to provide us a valid email address.

2018 Summer Program Dates: June 11th^{to} July 27th (6 weeks – No camp during the week of July 2nd)
Monday to Friday, 8am to 5pm.

Payment

The application fee is nonrefundable.

Tuition payment for the first week is required at the time of application. Weekly tuition **must** be paid prior to the start of each week.

The Haven reserves the right to dismiss a student from the summer program due to inappropriate placement and/or behavior that endangers themselves or others.



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Sick Policy

Your child will be sent home if he or she has any of the symptoms below.

For the well-being of all the program staff and other children, please keep your child at home if he or she has any of the following Symptoms:

- 1) A fever of 102 or higher. If you child has had a fever, he or she must be fever free for 24 hours before returning to the camp.
- 2) Vomiting
- 3) Visible mucus (green/yellow)
- 4) Conjunctivitis (pink eye)
- 5) Diarrhea
- 6) Cough that has lasted more than 5 days.
- 7) Head Lice

Children exhibiting the above symptoms will be sent home.

Pick up

Your child must be picked up at the allotted time. A late fee of \$5 will be incurred for every 5 minutes that the parent/guardian is late.

Supplies

Parents should supply daily snacks, drinks and lunch.

I have reviewed the above policy and hereby give my consent for my child _____ to participate in the 2018 Summer Camp.
(Child's name)

Parent/Guardian Signature

Date

Witness

Date



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Please indicate the weeks you would like to enroll your child.

Applicants applying for the entire 6-week half-day program will be given priority in acceptance.

- Entire program of 6 weeks
- SPORTS** Week of 6/11/18 **ANIMAL** Week of 7/9/18
- WACKY** Week of 6/18/18 **SUPER HERO** Week of 7/16/18
- UNDER THE SEA** Week of 6/25/18 **MUSIC AND DANCE** Week of 7/23/18

Application Fee (Nonrefundable and must be turned in by May 18, 2018)

\$50

Tuition

\$175 per week (we do not offer a day rate)

Background Information:

Parent/Guardian's Name: _____ Date of Birth: _____

Present School Grade _____ Name of the School _____

Mckay Scholarship Matrix (circle one): 251 252 253 254 255

What type of classroom is you child currently enrolled in?

Parent/Guardian's Name: _____

Home Address: _____



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Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

With whom does the child live with? _____

Emergency contact: _____

Please list the name(s) of individuals authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____



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Behavior

What motivates your child? (List any items, activities, or foods your child likes)

Are there any behavior concerns that we should be aware of:



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My child can communicate using at least 3-5 word sentences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child will participate in group instruction for at least 5 minutes without engaging in problem behavior.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child engages in frequent aggressive or disruptive behavior.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What concerns you about your child's social interaction?

What skills would you like your child to learn in our camp?

I attest that to the best of my knowledge, the information provided on the application is accurate. I have read all of the camp policies and procedures.

Parent Signature: _____

2018 Summer Camp Health Information
(To be completed by parent/guardian)

Child's Name: _____ DOB: _____ Age: _____

Male _____ Female _____ Height: _____ in. Weight: _____ lbs.

In case of illness or emergency, please contact: _____

Address _____

Street number

City

Zip Code

Day Time Phone: _____ Cell Phone: _____

Health History

What is your child's primary disability (Secondary if applicable):

Assistance in restroom? _____ Yes _____ No

Wear pull-ups? _____ Yes _____ No

Assistance being fed/eating? _____ Yes _____ No

Vision/hearing impairments? _____ Yes _____ No

History of Seizures? _____ Yes _____ No

Please explain any additional comments:

ASSISTIVE DEVICES: (please circle)

Hearing aid

Dentures

Glasses/contact lens

Communication device

Wheelchair

Walker

Positioning device

Other _____

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Please be specific in answering the following:

Does your child take medications during camp hours? _____Yes _____No

MEDICATION	DOSAGE	ROUTE/ APPLICATION	TIMES GIVEN	DIAGNOSIS / REASON	PRESCRIBING DOCTOR

Does your child have physical restrictions/limitations? ___Yes ___No

If yes, explain:

Does your child have any allergies? If yes, please explain:

Does your child have any food allergies or sensitivities? If yes, please explain:



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2018 Summer Camp Release Forms

Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by The Haven for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: _____ Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive The Haven, and their employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____ Date: _____

Transportation Release

I acknowledge that my child will assume the liability of the child's in the off-campus activity/event of the summer program. I will not hold the Haven, its employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named child in the course of such activities or such travel. I accept full responsibility and hereby grant permission for my son/daughter to travel on any Haven related trip by bus or van.

Parent/Guardian Signature: _____ Date: _____