



## 6<sup>th</sup> - 12<sup>th</sup> 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 a valid email address to:

Alison Thomas, VP of Education Email— <a href="mailto:athomas@thehavensrq.org">athomas@thehavensrq.org</a>
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### **2019 Summer Program Dates:**

June 3<sup>rd</sup> to August 2<sup>nd</sup> (9 weeks)

Monday to Friday 8:30am to 3:00pm

\*Before Care— 7:30am to 8:30am (fees apply)

\*After Care— 3:00pm to 4:30pm (fees apply)

### **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. A 10% discount will be given to those who pay for all 9 weeks up front.

*\*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.*



## 2019 6<sup>th</sup> - 12<sup>th</sup> Grade Summer Camp Application

### **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) 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 \$1 will be incurred for every 5 minutes that the parent/guardian is late. This charge will be reflected on your next invoice.

### **Supplies**

All students are required to bring lunch, drinks and daily snacks.

I have reviewed the above policy and hereby give my consent for my child \_\_\_\_\_ to participate in the 2019 Summer Camp. (Child's name)

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**Parent/Guardian Signature**

**Date**

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**Witness**

**Date**



## 2019 6<sup>th</sup> - 12<sup>th</sup> Grade Summer Camp Application

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

If applying for the entire 9 weeks please select “Entire Program of 9 weeks” (10% discount for those who choose this option)

- Entire program of 9 weeks
- ART Week of 6/03/19 (NO CAMP on 6/7/19... Agency In-Service Day)
- SPORTS Week of 6/10/19
- WACKY Week of 6/17/19 (NO CAMP on 6/20 and 6/21/19... Staff professional development)
- UNDER THE SEA Week of 6/24/19
- CAREER Week of 7/1/19 (NO CAMP on 7/4/19)
- ANIMAL Week of 7/8/19
- LET’S GET MOVING Week of 7/15/19
- SENSORY Week of 7/22/19
- MUSIC AND DANCE Week of 7/22/19

**Application and Materials Fee (nonrefundable and must be turned in by May 17, 2019):** \$75

**Tuition**

Do you currently attend Haven Academy? Circle YES or NO

**Early registration rates are as follows:**

\$125 per week

**Registration after May 3<sup>rd</sup>:**

\$130 per week

\*We **DO NOT** offer day rates, weekly only\*

**Morning and After Care costs:**

\$20 per week for Morning Care (7:30-8:30 am)

\$20 per week for After Care (3-4:30 pm)

\*Morning and After Care is a flat rate fee regardless of number of days used\*



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### **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 your child currently enrolled in?

\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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: \_\_\_\_\_



# 2019 6<sup>th</sup> - 12<sup>th</sup> Grade Summer Camp Application

## **Behavior**

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

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

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## 2019 6<sup>th</sup> - 12<sup>th</sup> Grade Summer Camp Application

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?

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

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

**2019 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 \_\_\_\_\_

# 2019 6<sup>th</sup> - 12<sup>th</sup> Grade Summer Camp Application

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:

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

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

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Any dietary restrictions? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain:

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## 2019 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: \_\_\_\_\_