



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— athomas@thehavensrq.org

2021 Summer Program Dates:

June 21st- July 30th (6 weeks)

Monday to Friday 7:30am to 3:00pm

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.*



2021 Summer Camp Application

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

- Aquatic** Week June 21st-25th
- Olympics** Week June 28th-July 2nd
- Around the World** Week July 6th – 9th (No camp Monday, July 5th)
- Farming & Agriculture** Week July 12th-16th
- Movie** Week July 19th-23rd
- Space** July 26th- 30th

Tuition

Weekly Camp tuition:

\$125 per week *All weeks registered must be paid the Friday before the week begins*

Registration fee \$50 (non refundable, one time fee)

***** There are no cancellations. Please understand that when you register for the week, your seat is reserved and does not allow for another child to attend. Should you choose not to attend a week you registered for you are still responsible for payment for that week and refunds will not be issued. *****

*We **DO NOT** offer drop in, day rates, weekly only*



2021 Summer Camp Application

Background Information:

Camper Name: _____ **Date of Birth:** _____

Present School Grade _____ **Name of the School** _____

Diagnosis: _____

Does student have an RBT/BCBA? _____

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

What classroom setting is your child currently enrolled?

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:** _____



2021 Grade Summer Camp Application

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

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

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?

2021 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

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 101 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 2021 Summer Camp.
(Child's name)

Parent/Guardian Signature

Date

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 _____

Please be specific in answering the following:

Adventure Camp staff do not administer medication at any time unless in the event of a life threatening emergency ie; Epi-pen, seizure medication

MEDICATION	DOSAGE	ROUTE/ APPLICATION	DIAGNOSIS / REASON	PRESCRIBING DOCTOR

Does your child have physical restrictions/limitations? Yes No

If yes, explain:

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

Any dietary restrictions? Yes No

If yes, explain:

IN CASE OF EMERGENCY

Your child's physicians full name: _____

Address: _____
Street Number City Zip Code

Phone Number: _____

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to the Haven to seek proper medical treatment for the child named above.

Parent/guardian: _____ Date: _____

2021 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: _____

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: _____



Swimming Consent Form

This form is required for children to use a swimming pool without their parent / legal guardian present.

- **Certified Life Guard** must be on duty.
- **No personal items** allowed in the pool
- **Goggles and ear plugs** for children with eye or ear sensitivities are acceptable.
- **Pool dress code** will be followed: Swimming suits must be worn. No jeans or cutoffs.
- **Haven staff will accompany** children in the pool. The staff to child ratio will not exceed 4:1.
- **Maximum capacity** in the pool is 20 people at all times

Hold Harmless Agreement

I understand that participation in swimming involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to swim as part of activities related to the care and treatment of my child provided through The Haven. I understand that swimming is entirely voluntary and requires my child to abide by applicable rules and standards of conduct. I release The Haven, employees, and volunteers from any and all claims or liability arising out of my child swimming as part of activities sponsored by The Haven. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to The Haven to secure proper medical treatment for my child. I have discussed any allergies and medical issues with The Haven staff.

_____ Child Name (Please print)
_____ Date of Birth
_____ Parent/Legal guardian signature
_____ Date

My signature below indicates that the child listed above has my consent to participate in swimming pool activities and is able to swim without assistance.

_____ Parent / Legal Guardian Signature _____ Date

My signature below indicates that the child listed above CANNOT participate in swimming pool activities.

_____ Parent / Legal Guardian Signature _____ Date



POOL INFORMATION SHEET

In order for your child to participate in this activity, it is essential that you complete and return this form supplying relevant information and give consent as a Parent/Guardian.

I agree to (name of client)..... taking part in pool activities at The Haven.

I am satisfied that he/she is in good health and that his/her health is adequate to cope with the activity and is not participating contrary to medical advice.

In the unlikely event of an accident occurring when I cannot be readily contacted. I give my permission to The Haven to authorize emergency medical treatment, including the use of anesthetic if deemed necessary by the medical authorities.

Childs Date of Birth/...../..... Class.....

Name of Parent/Guardian (please print).....

Signature:.....Date.....

Address:.....Tel No.....

Please give a second name and telephone number:

Name.....Tel No.....

Relationship to Child.....

PLEASE NOTE: It is crucial we are able to contact one of these two numbers in the event of an emergency.

The following information will assist the Party Leaders in caring for your child.

- 1. Can your child swim?YES / NO
- 2. Is your child confident in the pool?YES / NO
- 3. Does your child have a fear of the water?YES / NO
- 4. Does he/she suffer from any of the following?

Asthma **Hayfever** **Diabetes** **Epilepsy**

Are there any other medical conditions which you feel may be relevant?

.....

Are they currently taking any medication?..... If YES, what medication?.....

Does your child have any known allergies? (E.g. Penicillin):.....