



HARBOR HAVEN

2009 ENROLLMENT APPLICATION



1155 West Chestnut Street, Suite G1, Union NJ 07083 Phone: 908-964-5560 Fax: 908-964-5575 Email: info@harborhaven.com www.harborhaven.com

INSTRUCTIONS: Please verify and/or complete the entire application. Be sure to sign the Parental Authorization.

NAME OF CHILD	GENDER	D.O.B	AGE (as of 7/6/2009)	CHILD'S ADDRESS	CHILD'S HOME PHONE

CHILD LIVES WITH MOTHER FATHER OTHER IF DIVORCED OR LEGALLY SEPARATION WHO HAS CUSTODY _____

PARENT 1 INFORMATION

Relation to camper: Mother Father _____

Last Name _____

First Name _____

Street _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Business Phone _____

E-mail _____

PARENT 2 INFORMATION

Relation to camper: Mother Father _____

Last Name _____

First Name _____

Street _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Business Phone _____

E-mail _____

MAILING PREFERENCES

If divorced please send mailings to: Mother Father Both

PICTURE

A RECENT PHOTO OF YOUR CHILD IS REQUIRED WITH THIS APPLICATION. PLEASE LABEL WITH CHILD'S NAME.

PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENT CANNOT BE REACHED

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP
1.			
2.			

MEDICAL CONTACT INFORMATION

Pediatrician _____

Other Doctor _____

Speech _____

OT _____

Other _____

HEALTH COMMENTS AND HISTORY (Allergies, Asthma, Medications, Limitations, Dietary Restrictions etc.)

T-SHIRT INFORMATION - Please check size for the FREE T-Shirt for Summer of 2009 (Predict size in summer)

CS(6-8) CM(10-12) CL(14-16) AS AM AL AXL

PARENT AUTHORIZATION (SIGNATURE REQUIRED)

1. I agree to pay the annual tuition. Full payment is expected on or before April 1, 2009.
2. After April 1, 2009 deposit will not be refunded. Please call Harbor Haven for refund policy once camp has started. No refunds will be made for incidental absences.
3. Harbor Haven is not responsible for any campers' belongings lost or damaged while attending.
4. In the event that I or my family physician cannot be contacted in an emergency, I hereby grant Harbor Haven permission to bring my child to a hospital emergency room. I hereby grant permission for Harbor Haven to administer medication.
5. Permission is hereby granted to the directors of Harbor Haven to take my child on field trips as part of the regular program.
6. Permission is hereby granted for photographs to be taken of my child during activities and Harbor Haven has the right to utilize these photographs in our brochures or display materials.
7. My Child has permission to engage in all prescribed program activities, except as noted on the required medical form.
8. Harbor Haven reserves the right to dismiss any child whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the program, the child, or fellow campers. In these instances, refunds will be issued for the unused portion, to the fee matching the nearest number of weeks the child attended.

PARENT SIGNATURE _____ DATE _____

PARENTAL AUTHORIZATION MUST BE SIGNED

2009 DATES: JULY 6TH - AUGUST 20TH (Ends Thursday)**

▶ CIRCLE ALL WEEKS ATTENDING

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Consecutive Weeks Are Preferable	7/6 - 7/10	7/13 - 7/17	7/20 - 7/24	7/27-7/31	8/3 - 8/7	8/10-8/14	8/17 - 8/20

2009 Tuition Please X - Desired Program	7 Weeks	6 Weeks Circle weeks 1 2 3 4 5 6 7	5 Weeks Circle weeks 1 2 3 4 5 6 7	4 Weeks Circle weeks 1 2 3 4 5 6 7	3 Weeks Circle weeks 1 2 3 4 5 6 7
FULL DAY PROGRAM 9:00 A.M. - 3:40 P.M. (Ages 5-15)	\$5570	\$5040	\$4560	\$4000	\$3335
MINI-DAY PROGRAM 10:00 A.M. - 2:00 P.M. (3 and 4 YEARS OLD)	\$4795	\$4395	\$3995	\$3525	\$2900

▶ To reserve a place for your child please return this application with a \$600 deposit

Second child discount : Families enrolling 2 campers will receive a 5% discount on the second child's tuition

▶ TRANSPORTATION

Will your child be using Harbor Haven Transportation? Yes No

(Transportation can be provided in most cases. Not available for Mini Day unless enrolled in Harbor Watch.)

Cross Street _____ Nearest Main Street _____ County _____

Check one: _____ Monmouth County \$125/wk _____ 1 County away \$135/week

_____ 2 Counties away \$145/wk

▶ ADDITIONAL SERVICES Please check additional services required for your child.

Harbor Watch Option : For 3 and 4 year olds only. See enclosed flyer. Yes No

Individual Aide (fee to be determined - call for more info)

Speech Therapy (\$90/hr) 1/2 hr/week 1 hour/week 1.5 hour/week

Occupational Therapy (\$90/hr) 1/2 hr/week 1 hour/week 1.5 hour/week

▶ FINANCIAL STATEMENTS

Please send all financial statements to:

Name: _____ Address: _____ City _____ State _____ Zip _____

IF YOUR SCHOOL DISTRICT WILL BE PAYING PART OR ALL OF THE FEES, CONFIRMATION FROM SENDING DISTRICT IS REQUIRED AS SOON AS POSSIBLE. IT IS YOUR RESPONSIBILITY TO REQUEST THE SCHOOL DISTRICT TO CONFIRM WITH US. UNTIL THAT TIME, YOU ARE FINANCIALLY RESPONSIBLE, AND A \$600 DEPOSIT IS REQUIRED.

▶ CREDIT CARD/CHECK INFORMATION - Please enclose a \$600 deposit with your completed application)

Enclosed is my Check and/or Visa Master Card American Express Amount \$ _____

Card Number

Security Code (Last 3/4 digits located on back of card in signature slip)

Expiration Date Billing Address Street _____ Billing Address Zip Code _____

Cardholder Name (please print) _____

Cardholder signature _____

Year Round Office and Mailing Address: 1155 West Chestnut Street, Suite G1, Union, NJ 07083
Summer Location: 123 South Main Street, Marlboro, NJ 07746
Year Round Phone, Fax: Phone: 908-964-5560 Fax: 908-964-5575
Year Round E-Mail: info@harborhaven.com

▶ Enrollment Questionnaire - New Camper

Please provide the important information below:

1. School child currently attends: Name _____ Town and State of school _____
Case Manager _____ Phone () _____ Child's Teacher _____
2. Please describe your child's school setting and goals _____

3. What is your child's educational classification? _____
4. What is your child's diagnosis? _____
5. Please name and explain those things of greatest concern for your child. (Include any physical limitations.)

6. Is your child physically aggressive? (Be Specific) _____

7. Does your child bite? _____
8. Has your child ever been asked to leave a program? Please explain: _____
9. Do you consider your child more compliant or more oppositional? Please explain: _____

10. Please describe your child's attention span: _____
11. Please describe your child's language ability: _____
12. Please name and explain activities and areas of greatest success for your child:

13. Please describe previous summer experiences your child has had (be sure to include dates):

14. Please describe your child's social behavior with:
Adults _____
Peers _____
Siblings _____
15. Please list any difficulties your child may have with self help skills: (Children 6 and up must be **COMPLETELY TOILET TRAINED !**)

16. Please describe your child's eating habits and note any food issues:

17. Please detail any medication program your child receives:

Medication	Frequency	Reason
_____	_____	_____
_____	_____	_____
18. Please name activities your child would most enjoy at Harbor Haven:

19. Please state YOUR goals for your child at Harbor Haven:

DECISION FOR FORMAL ENROLLMENT TO PROGRAM IS BASED UPON PERSONAL INTERVIEW/OBSERVATION AND REVIEW OF SUPPORTIVE INFORMATION, AFTER RECEIVING THE COMPLETED APPLICATION AND REFUNDABLE \$700 DEPOSIT. PLEASE CALL HARBOR HAVEN (908-964-5411) AS SOON AS POSSIBLE TO SET UP AN APPOINTMENT.

