



HARBOR HAVEN

2017 ENROLLMENT APPLICATION



470 Prospect Avenue, Suite 203B, West Orange, NJ 07052 Phone: 908-964-5411 Fax: 908-964-0511 Email: info@harborhaven.com www.harborhaven.com

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

NAME OF CHILD	GENDER	D.O.B	AGE as of 6/27/2017	CHILD'S ADDRESS	CHILD'S HOME PHONE

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

PARENT 1 INFORMATION

Relation to camper: Mother Father _____

Last Name _____
 First Name _____

Street _____
 City _____
 State _____ Zip _____

Home Phone _____
 Cell Phone _____
 Work Phone _____
 E-mail _____

PARENT 2 INFORMATION

Relation to camper: Mother Father _____

Last Name _____
 First Name _____

Street _____
 City _____
 State _____ Zip _____

Home Phone _____
 Cell Phone _____
 Work 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. YOU CAN EMAIL TO: KIM@HARBORHAVEN.COM

PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENT CANNOT BE REACHED (PLEASE NAME TWO)

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP

MEDICAL CONTACT INFORMATION

Pediatrician _____
 Other Doctor _____
 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 2017

CS(6-8) CM(10-12) CL(14-16) AS AM AL AXL AXXL (Predict size in summer)

PARENT AUTHORIZATION (SIGNATURE REQUIRED - Check 'yes' or 'no' for each item)**

- I agree to pay the annual tuition. **A deposit of \$750 is due with this application. An additional payment of \$750 is due February 1, 2017. Balance is due on or before April 1, 2017.** All monies are refundable until April 1, 2017. After April 1, 2017 deposit may not be refunded. Please call Harbor Haven for refund policy after April 1 or once the program has started. NO REFUNDS WILL BE MADE FOR INCIDENTAL ABSENCES. Yes ___ No ___
- Harbor Haven is not responsible for any children's belongings lost or damaged while attending. Yes ___ No ___
- In the event that I or another parent/legal guardian cannot be contacted in an emergency, I hereby grant Harbor Haven permission to bring my child to a hospital emergency room. Yes ___ No ___
- I hereby grant permission for Harbor Haven to administer medication. Yes ___ No ___
- Permission is hereby granted to the directors of Harbor Haven to take my child on field trips as part of the regular program. Yes ___ No ___
- 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, website or display materials. Yes ___ No ___
- Permission is granted for my child's name, e-mail and phone number to be included in the division friendship book. Yes ___ No ___
- My Child has permission to engage in all prescribed program activities, except as noted on the required medical form. Yes ___ No ___

Harbor Haven reserves the right to dismiss any child whose condition, conduct, influence or behavior is deemed detrimental to the best interest of the program, the child, or fellow campers. In these instances, refund may be issued for the unused portion, to the fee matching the nearest number of weeks the child attended; To be determined by the director. I have read and understand this policy. Yes ___

PARENT SIGNATURE _____ **DATE** _____

*****PARENTAL AUTHORIZATION MUST BE SIGNED**

CIRCLE ALL WEEKS ATTENDING

Consecutive weeks are most beneficial for your child if possible	*Week 1*	*Week 2*	Week 3	Week 4	Week 5	Week 6	Week 7
	Tues.-Fri.	Closed Tues.	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11
	6/27 - 6/30	7/3 - 7/7	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11
2017 Tuition	7 WEEKS	6 WEEKS Circle all weeks attending 1 2 3 4 5 6 7	5 WEEKS Circle all weeks attending 1 2 3 4 5 6 7	4 WEEKS Circle all weeks attending 1 2 3 4 5 6 7	3 WEEKS Circle all weeks attending 1 2 3 4 5 6 7		
FULL DAY PROGRAM 9:00 A.M. - 3:40 P.M. (Ages 3-15) Please "x" Desired Program	\$7375	\$6975	\$6675	\$6250	\$5850		
MINI- DAY PROGRAM 9:00 A.M. - 1:30 p.m. (Ages 3 & 4) (see Harbor Watch below for extended day) Please "x" Desired Program	\$4400	\$4200	\$4000	\$3800	\$3600		

Second child discount: Families enrolling 2 campers will receive a 3% discount on the second child's tuition

To reserve a place for your child please return this application with a \$750 deposit - After February 1st a \$1500 deposit is required.

HARBOR WATCH EXTENDED DAY - (3 and 4 year olds in mini-day)

Harbor Watch Extended Day is for 3 and 4 year olds enrolling in the mini-day 9-1:30 program. Your child may stay until 3:40 on afternoons you select and enjoy more scheduled activities with his/her group, teacher and counselors. Afternoon transportation is available on the afternoons you choose and is available every morning. You may check off up to three afternoons per week. Fee: \$75 per afternoon. (NOTE: Swim Instruction for 3 and 4 year olds is typically on Wednesday and Friday afternoons.)

___M ___T ___W ___TH ___F *Please coordinate your selections with transportation if applicable.

BEFORE CARE/AFTER CARE

No Harbor Haven Transportation available for the mornings/afternoons you select.

Early Drop- Off: Available at 7:45 a.m. (Check off the day(s) required.)
___M ___T ___W ___TH ___F Estimated drop-off time _____ Fee: \$9/hr

Late Pick- up: Available until 6 p.m. (Check off the day(s) required.)
___M ___T ___W ___TH ___F Estimated pick-up time _____

*Please coordinate your selections with transportation if applicable.

TRANSPORTATION

PART A: Please check one. Transportation is available in most cases. (No transportation available for Mini-Day 1:30 Dismissal Time)

- ___ My child will be transported by a parent and/or someone designated by the parent. (Skip to the 'Additional Services' section of the application.)
- ___ My child will be transported on vehicle provided by the school district. (Skip to the 'Additional Services' section of the application.)
- ___ My child will use Harbor Haven transportation. (Complete parts B and C)
- ___ My child will use Harbor Haven transportation and another mode. (Complete parts B and C)
- ___ Undecided at this time (Complete part C) [Please let us know by April 15, 2017]

PART B: Please select if your child requires ANY Harbor Haven transportation. Check off all that apply.

Morning Harbor Haven transportation is required on: ___M ___T ___W ___TH ___F
 Afternoon Harbor Haven transportation is required on: ___M ___T ___W ___TH ___F

PART C - Please complete
 County you live in _____ Nearest main street _____
 Cross street _____

PART D - Cost of Transportation.

Essex County - \$170/week	1 county away from Essex county - \$190/week
2 counties away from Essex - \$195/week	Manhattan - \$225/week

**Above rates are for round trip. Rates are prorated for partial use of Harbor Haven transportation

▶ ADDITIONAL SERVICES - Please check any additional services you require for your child.

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

Speech Therapy (\$55 per thirty minute session) 1/2 hr/week 1 hour/week 1.5 hour/week

Occupational Therapy (\$55 per thirty minute session) 1/2 hr/week 1 hour/week 1.5 hour/week

▶ FINANCIAL STATEMENTS

Please send all financial statements to:

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

Phone: _____

A deposit of \$750 received with this application is required to reserve a spot.
Some exceptions may apply. Call for more information.

[Should your school district subsequently decide to fund your child's participation in our program, your deposit will be refunded upon our receipt of confirmation from them. School districts typically do not confirm until winter or spring. It is your responsibility to request the confirmation.]

▶ REFERRAL:

Word of mouth is our most effective advertisement. Please provide the info below for any family you believe would benefit from our renowned summer program. You and they will receive a referral credit towards tuition for each referred camper who attends. See enclosed flyer for details. Thanks!

1. Parent's Name _____ Child's Name _____ Child's Age _____

Complete Address _____ Phone Number _____

2. Parent's Name _____ Child's Name _____ Child's Age _____

Complete Address _____ Phone Number _____

3. Were you referred by a Harbor Haven family? If so, please list referring family _____

▶ REFERRAL:

____ Enclose a photo of your child (we need this for safety reasons and for the group poster.)

____ **SIGN THE 'PARENTAL AUTHORIZATION' SECTION ON PAGE 1.**

____ **Circle all weeks your child will be attending on page 2. Even if you are not sure at the time of enrollment, circle weeks. They can be changed. Just call or e-mail.**

____ Complete all applicable sections of the application. (Don't forget about Harbor Watch, Before/After Care, Transportation and Additional Services, if applicable.) **You must also complete the next page.**

____ Complete T-shirt information on page 1. (Please choose a size that reflects your child's growth by the summer)

____ Enclose a \$750 check or credit card deposit to hold your child's spot. (\$1,500 after February 1, 2017)

____ **MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS; RECORD CAMP DATES ON YOUR CALENDAR.**

PLEASE DON'T FORGET TO COMPLETE THE ENROLLMENT QUESTIONNAIRE SECTION ON THE NEXT PAGE

▶ PAYMENT INFORMATION - Please enclose a \$750 deposit with your completed application. An additional payment of \$750 is due on February 1, 2017. A deposit of \$1,500 is due with enrollments received after February 1, 2017. Balance due April 1, 2017.

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

Card Number

Expiration Date Billing Address Street _____ Billing Address Zip Code _____

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

Cardholder Name (please print) _____

Cardholder signature _____

I hereby authorize Harbor Haven to charge the above credit card \$750 due on February 1, 2017

I hereby authorize Harbor Haven to charge the above credit card \$_____ according to the following schedule. Circle months to be charged: November, December, January, February, March, April.

Your credit card will be charged on the 1st of the month or the first business day of the month unless you indicate a different day here: _____. (Balance is due on April 1, 2017. If you have indicated a date other than the 1st we will charge the final payment in April on that date.) Amount charged will be divided evenly based on your total fees and the number of months you have indicated. Please call with any questions or for other payment plan options.

Cardholder Signature: _____

Date: _____

Cardholder Signature: _____

Date: _____

▶ Enrollment Questionnaire - Please complete the following information to the best of your ability.

Child's Name : _____

1. Current School: _____

Instructional Grade Levels:

2. Case Manager: _____

Reading _____ Math _____

3. Teacher: _____

Language Arts _____

4. Please describe your child's current educational program, i.e. type of class, whether or not he/she has an individual or shared aide, etc.:

If your child has a one/one ratio in school, how do you think he/she would do in a 1:3 staff to child ratio? _____

5. Diagnosis: _____

6. Does your child's school or classroom use a point or reward system? _____ If yes, please answer how you feel your child would do without one. _____

7. Please name and explain those things of greatest concern for your child. (Include any physical limitations.) _____

8. Has your child had any incidents of physical aggression towards others and/or self-injurious behavior at school, home or community during the last 12 months? Please describe _____

9. Does your child bite? _____ When is the last time your child bit someone? _____

10. Has your child ever been asked to leave a program? Please explain: _____

11. Do you consider your child more compliant or more oppositional? Please explain: _____

12. Please describe your child's attention span: _____

13. Please describe your child's language ability: (Be specific: conversational, one word answers, 3 word phrases, ecolalic etc). _____

14. Please name and explain activities and areas of greatest success for your child: _____

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

16. Please describe your child's social behavior with:

Adults _____

Peers _____

Siblings _____

17. Please list any difficulties your child may have with self help skills: **(CHILDREN 6 AND UP MUST BE COMPLETELY TOILET TRAINED - NO PULL UPS. NO EXCEPTIONS!)** _____

18. Does your child have any eating issues, food allergies or other allergies? Please explain: _____

19. Please detail any medication your child receives:

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

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