



# HARBOR HAVEN **Life** PROGRAM



## \*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 PARTICIPANT	GENDER	D.O.B	AGE as of 6/27/2017	PARTICIPANT'S ADDRESS	PARTICIPANT'S HOME PHONE

If your teen is 18 as of June 27, 2017 or will turn 18 during the 5 week LIFE program, please call Harbor Haven for instructions before completing the application.

PARTICIPANT 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](mailto:KIM@HARBORHAVEN.COM)

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

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**▶ 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**

AS  AM  AL  AXL  AXXL  (Predict size in summer)

**▶ PARENT/GUARDIAN 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 or display materials. Yes \_\_\_ No \_\_\_
  - Permission is granted for my child's name, e-mail and phone number to be included in the LIFE 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/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**\*\*\*PARENTAL/GUARDIAN AUTHORIZATION MUST BE SIGNED**

▶ **2017 Tuition for L.I.F.E. Summer Program at Harbor Haven - Ages 16 - 18**

**Dates:** TUESDAY June 27, 2017 - Friday July 28, 2017 (closed July 4th) - Five weeks  
**Hours:** 9:00 am - 3:40 pm  
**Fees:** \$6450  
**Transportation:** See Part D below



▶ **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.) Fee: \$9/hr  
 M  T  W  TH  F Estimated drop-off time \_\_\_\_\_

**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

- 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 son or daughter.**

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 \_\_\_\_\_

**▶ DID YOU REMEMBER TO:**

\_\_\_\_\_ Enclose a photo of your Teen (we need this for safety reasons.)

\_\_\_\_\_ **SIGN THE 'PARENTAL/GUARDIAN AUTHORIZATION' SECTION ON PAGE 1.**

\_\_\_\_\_ Complete all applicable sections of the application. (Don't forget about Harbor Watch, Before/After Care, Transportation and Additional Services, if applicable.) Don't forget you must also complete the back of this 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 son/daughter'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

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 \_\_\_\_\_

**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 1<sup>st</sup> 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 - LIFE Program - Please complete the information to the best of your ability**

1. Participant's Full Name: \_\_\_\_\_
2. School Currently attending: \_\_\_\_\_
3. Does participant attend a public school within your district? yes \_\_\_ no \_\_\_
4. If 'no' please state where the school is located: \_\_\_\_\_
5. Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_
6. What is your son/daughter's diagnosis? \_\_\_\_\_
7. Please describe your son/daughter's school setting and the nature of his/her goals (i.e. academic, social, vocational, all, college prep, other, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. Circle the choice that best describes your teen's overall functioning level. My son/daughter is (high, medium, lower) functioning. Write a brief explanation: \_\_\_\_\_
9. Is your son/daughter independent in personal care skills (such as toileting, washing hands, dressing, showering or bathing)? Please explain if your answer is "no": \_\_\_\_\_  
\_\_\_\_\_
10. Do you consider your son/daughter compliant or oppositional? Please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Please describe your teen's language ability: (Be specific -- conversational, one word answers, 3 word answers, ecolalic, doesn't initiate conversations, etc...) \_\_\_\_\_  
\_\_\_\_\_
12. What are your teen's hobbies, interests, leisure activities? \_\_\_\_\_  
\_\_\_\_\_
13. Has your son/daughter ever had a job (volunteer or paid) of any kind --- even if it was facilitated? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
14. Please describe the future goals envisioned for your son/daughter. Include living situation, type of job, etc.. \_\_\_\_\_  
\_\_\_\_\_
15. Is your son/daughter ever physically aggressive towards self or others? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
16. Please name your son/daughter's strengths -- activities, tasks, subjects, hobbies at which he/she is most successful: \_\_\_\_\_
17. What other summer programs has your teen attended? \_\_\_\_\_  
\_\_\_\_\_
18. Has your teen ever been asked to leave a program of any kind? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
19. Please describe your teen's relationships with peers: \_\_\_\_\_  
\_\_\_\_\_
20. Please describe your teen's eating habits and note any food issues/allergies: \_\_\_\_\_  
\_\_\_\_\_
21. Please detail any medication your teen receives: \_\_\_\_\_  
\_\_\_\_\_
22. What are your goals for your son/daughter at the LIFE Program at Harbor Haven this summer? \_\_\_\_\_  
\_\_\_\_\_
23. Please check the related services your teen receives either at school or privately:  

<input type="checkbox"/> Speech therapy	<input type="checkbox"/> Social Skills Training
<input type="checkbox"/> Occupational therapy	<input type="checkbox"/> Mental Health or Psychological counseling
<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Other (Please name) _____
24. Reading Grade Level \_\_\_\_\_ Math Grade Level \_\_\_\_\_
25. Please provide any other important information about your son/daughter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECISION FOR FINAL ENROLLMENT TO PROGRAM IS BASED UPON PERSONAL INTERVIEW/OBSERVATION AND REVIEW OF SUPPORTIVE INFORMATION, AFTER RECEIVING THE COMPLETED APPLICATION AND REFUNDABLE \$750 DEPOSIT. PLEASE CONTACT HARBOR HAVEN (908-964-5411) AS SOON AS POSSIBLE TO SET UP AN APPOINTMENT. PHONE: 908-964-5411 E-MAIL: INFO@HARBORHAVEN.COM**