



HARBOR HAVEN TRAVELQUEST 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 July 31, 2017 or will turn 18 during the 2 week TRAVELQUEST 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	PARENT 2 INFORMATION
Relation to camper: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____ Last Name _____ First Name _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Work Phone _____ E-mail _____	Relation to camper: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____ Last Name _____ First Name _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Work Phone _____ E-mail _____

MAILING PREFERENCES	PICTURE
If divorced please send mailings to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both	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/GUARDIAN CANNOT BE REACHED (PLEASE NAME TWO)

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP
1.			
2.			

MEDICAL CONTACT INFORMATION	HEALTH COMMENTS AND HISTORY (Allergies, Asthma, Medications, Limitations, Dietary Restrictions etc.)
Pediatrician _____ Other Doctor _____ Other _____	

T-SHIRT INFORMATION - Please check size for three complimentary TRAVELQUEST T-Shirts

AS AM AL AXL AXXL (Predict size in summer)

PARENT/GUARDIAN AUTHORIZATION (SIGNATURE REQUIRED)**

- I agree to pay the annual tuition. **A deposit of \$350 is due with this application. An additional payment of \$350 is due March 1, 2017. Balance is due on or before May 1, 2017.** All monies are refundable until May 1, 2017. After May 1, 2017 deposit may not be refunded. Please call Harbor Haven for refund policy after May 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 TravelQuest 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 TravelQuest Summer Program at Harbor Haven - Ages 16 - 18

Dates: Monday July 31, 2017 - Friday August 11, 2017

Hours: 9:00 am - 3:40 pm

Check one or both weeks: (Trip, snacks, lunch, and beverages included in fee)

___ July 31 - August 4 \$950

___ August 7 - August 11 \$950

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.)

___ 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 _____ Fee: \$9/hr

***Please coordinate your selections with transportation if applicable.**

▶ TRANSPORTATION

PART A: Please check one. Transportation is available in most cases

___ My teen will be transported by a parent and/or someone designated by the parent. (Skip to the Financial Statements section of the application.)

___ My teen will use Harbor Haven transportation. (Complete parts B and C)

All trips leave from and return to Harbor Haven.

___ My teen will use Harbor Haven transportation and another mode. (Complete parts B and C)

___ Undecided at this time (Complete part C)

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	

▶ FINANCIAL STATEMENTS

Please send all financial statements to:

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

▶ PAYMENT INFORMATION - Please enclose a \$350 deposit with your completed application. An additional payment of \$350 is due on March 1, 2017. A deposit of \$700 is due with enrollments received after March 1, 2017. Balance due May 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 \$350 due on March 1, 2017 and balance due on May 1, 2017
Cardholder Signature: _____ Date: _____

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. Ask us 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 _____

Enrollment Questionnaire - TravelQuest Program

- 1. Participant's Full Name: _____
- 2. Does participant attend a public school within your district? yes ___ no ___
- 3. If 'no' please state the school your teen attends: _____
- 4. Case Manager: _____ Phone: _____
- 5. What is your son/daughter's diagnosis? _____
- 6. 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.) _____
- 7. Circle the choice that best describes your teen's overall functioning level. My son/daughter is (high, medium, lower) functioning. Write a brief explanation: _____
- 8. 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": _____
- 9. Do you consider your son/daughter compliant or oppositional? Please explain: _____
- 10. Please describe your teen's language ability: (Be specific -- conversational, one word answers, 3 word answers, ecolalic, doesn't initiate conversations, etc...) _____
- 11. Does your son/daughter ever wander/run away from a group? _____
- 12. Is your son/daughter ever physically aggressive towards self or others? If yes, please describe: _____
- 13. What other summer programs has your teen attended? _____
- 14. Has your teen ever been asked to leave a program of any kind? If yes, please explain: _____
- 15. Please describe your teen's relationships with peers: _____
- 16. Please describe your teen's eating habits and note any food issues/allergies: _____
- 17. Please detail any medication your teen receives: _____
- 18. Please provide any other important information about your son/daughter: _____

Calendar of scheduled trips available in late winter.
ALL SCHEDULED TRIPS ARE SUBJECT TO CHANGE.



DECISION FOR FINAL ENROLLMENT TO PROGRAM IS BASED UPON PERSONAL INTERVIEW/OBSERVATION AND/OR REVIEW OF SUPPORTIVE INFORMATION, AFTER RECEIVING THE COMPLETED APPLICATION AND REFUNDABLE \$350 DEPOSIT. PLEASE NOTE: IF YOUR TEEN HAS ATTENDED HARBOR HAVEN IN THE PAST, AN INTERVIEW MAY NOT BE REQUIRED. PLEASE CONTACT HARBOR HAVEN AS SOON AS POSSIBLE TO SET UP AN APPOINTMENT. PHONE: 908-964-5411 E-MAIL: INFO@HARBORHAVEN.COM