



HARBOR HAVEN



2017 ENROLLMENT APPLICATION - INCLUSION SIBLING

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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 6/27/2016	CHILD'S ADDRESS	CHILD'S HOME PHONE

CHILD 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 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 the FREE T-Shirt for Summer of 2016

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

PARENT AUTHORIZATION (SIGNATURE REQUIRED)**

- 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 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 ___
- This child is attending as an "inclusion" camper. My signature below confirms that he/she does not have an IEP.

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 the policy. Yes ___

PARENT SIGNATURE _____ DATE _____

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

CIRCLE WEEKS ATTENDING

Sibling Tuition Inclusion siblings may attend 2 weeks at no cost. Additional weeks: \$550 per week	*Week 1* Tues.-Fri.	*Week 2* Closed Tues	Week 3	Week 4	Week 5	Week 6	Week 7
	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
	7 WEEKS	6 WEEKS	5 WEEKS	4 WEEKS	3 WEEKS	2 WEEKS	1 WEEK
	Circle all weeks attending	Circle all weeks attending	Circle all weeks attending	Circle all weeks attending	Circle all weeks attending	Circle all weeks attending	Circle all weeks attending
	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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.
- My child will use Harbor Haven transportation. (Complete part B)
- My child will use Harbor Haven transportation and another mode. (Complete part B)
- Undecided at this time.

Transportation is half price for siblings as follows:
 Essex County - \$85/week
 1 County Away - \$95/week
 2 Counties Away - \$97.50/week
 Manhattan - \$112.50/week

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

DID YOU REMEMBER TO:

- 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 the weeks your child will be attending above. Even if you are not sure at the time of enrollment, circle weeks. They can be changed in most cases. Just call or e-mail.**
- Complete all applicable sections of the application. 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)
- MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS; RECORD CAMP DATES ON YOUR CALENDAR.**

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

Child's Name : _____ Grade in September 2017: _____

1. Please name and explain activities and areas of greatest success for your child: _____
2. Please describe previous summer experiences your child has had (be sure to include dates): _____
3. Please describe your child's attention span: _____
4. Do you consider your child more compliant or more oppositional? Please explain: _____
5. 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 _____
6. 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!)** _____
7. Does your child have any eating issues, food allergies or other allergies? Please explain: _____
8. Please detail any medication your child receives:

Medication	Frequency	Reason
_____	_____	_____
_____	_____	_____
9. Please name activities your child would most enjoy at Harbor Haven: _____
10. Please state YOUR goals for your child at Harbor Haven: _____