



HARBOR HAVEN **Life** PROGRAM



2019 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 complete the entire application. Be sure to sign the Parental Authorization.

NAME OF PARTICIPANT	GENDER	D.O.B	AGE as of 6/24/2019	PARTICIPANT'S ADDRESS	PARTICIPANT'S HOME PHONE

If your teen is 18 as of June 24, 2019 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

▶ 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 2019

AS AM AL AXL AXXL AXXXL (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 \$1,000 is due February 1, 2019. Balance is due on or before April 1, 2019.** All monies are refundable until April 1, 2019. After April 1, 2019 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**

▶ 2019 Tuition for L.I.F.E. Summer Program at Harbor Haven - Ages 16 - 18

Dates: Monday June 24, 2019 - Friday July 26, 2019 (closed July 4th) - Five weeks
Hours: 9:00 am - 3:30 pm
Fees: \$6575 if enrolled by January 15th, 2019. \$6875 after January 15th
Transportation: See Part D below *(Includes trip and lunch out once/week and Friday lunch, t-shirt, backpack, snack and beverages)*

▶ 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 5:45 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, 2019]**

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 - \$175/week	1 county away from Essex - \$195/week	2 counties away from Essex - \$200/week
3 counties away from Essex - \$205/week	Manhattan - \$230/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 (\$60 per thirty minute session) 1/2 hr/week 1 hour/week 1.5 hour/week

Occupational Therapy (\$60 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. 908-964-5411

[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 Before/After Care, Transportation and Additional Services, if applicable.) 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. (\$1,750 after February 1, 2019)

_____ **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 \$1,000 is due on February 1, 2019. A deposit of \$1,750 is due with enrollments received after February 1, 2019. Balance due April 1, 2019.

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)

Payment by check is appreciated if possible due to high credit card processing fees.

Cardholder Name (please print) _____

Cardholder signature _____

I hereby authorize Harbor Haven to charge the above credit card \$1,000 due on February 1, 2019

I hereby authorize Harbor Haven to charge the above credit card \$_____ according to the following schedule. Circle months to be charged: November 2018, December 2018, January 2019, February 2019, March 2019, April 2019.

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, 2019. 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: _____

Cardholder Signature: _____

Date: _____

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 SCHEDULE AN APPOINTMENT. PHONE: 908-964-5411 E-MAIL: INFO@HARBORHAVEN.COM