



HARBOR HAVEN TRAVELQUEST 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 6/25/2019	PARTICIPANT'S ADDRESS	PARTICIPANT'S HOME PHONE

If your teen is 18 as of July 29, 2019 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: Mother Father _____

Last Name _____
 First Name _____

Street _____
 City _____
 State _____ Zip _____

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

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 five complimentary TRAVELQUEST T-Shirts

AS AM AL AXL AXXL AXXXL (Predict size in summer)

PARENT/GUARDIAN AUTHORIZATION (SIGNATURE REQUIRED)**

- I agree to pay the annual tuition. **A deposit of \$500 is due with this application. An additional payment of \$500 is due March 1, 2019. Balance is due on or before May 1, 2019.** All monies are refundable until May 1, 2019. After May 1, 2019 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**

▶ 2019 Tuition for TravelQuest Summer Program at Harbor Haven - Ages 16 - 18

Dates: **Monday July 29, 2019 - Friday August 9, 2019**

Hours: **9:00 am - 3:30 pm**

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

July 29 - August 2 \$1050 if enrolled by January 15th: \$1,100 after January 15th

August 5 - August 9 \$1050 if enrolled by January 15th: \$1,100 after January 15th **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 5:45 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)

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

Undecided at this time (Complete part C)

All trips leave from and return to Harbor Haven.

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		

▶ FINANCIAL STATEMENTS

Please send all financial statements to:

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

▶ PAYMENT INFORMATION - Please enclose a \$500 deposit with your completed application. An additional payment of \$500 is due on March 1, 2019. A deposit of \$1000 is due with enrollments received after March 1, 2019. Balance due May 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 \$500 due on March 1, 2019 and balance due on May 1, 2019
 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 \$400 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 SCHEDULE AN APPOINTMENT. PHONE: 908-964-5411 E-MAIL: INFO@HARBORHAVEN.COM