

Student Name: _____



HAVEN ACADEMY
ADVENTURE CAMP 2024

Summer Camp Application

Dear Parent/Guardian,

Thank you for choosing The Haven for your child for the 2024 summer! Our goal is to provide a motivating, positive, therapeutic, and most importantly fun environment for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Application Process:

Please note that the application does not guarantee acceptance of your child into the program. We strive to provide a positive and beneficial experience for all the children enrolled. For this reason, some children may be accepted on a trial basis to ensure that he or she will benefit from our camp. Space is limited, and we encourage you to apply at your earliest convenience.

After we receive your application, we will schedule a meeting where we can learn more about your child. Contact our team by email if you have any questions or concerns. Email is our primary means of communication with you regarding camp announcements.

Please be sure to provide a valid email address to: Heather Shoup, Haven Academy
Director – Hshoup@thehavensrq.org

2024 Summer Program Dates:

June 3rd - August 2nd (9 weeks)

Monday to Friday 9:00am to 2:00pm

Before Care: 7:30am – 9:00am

After Care: 2:30pm – 4:00pm

Payment

*The application fee is nonrefundable.

*Tuition payment for the student's first week of camp is required at the time of acceptance. Weekly tuition must be paid prior to the start of each week.

*The Haven reserves the right to dismiss a student from the summer program due to inappropriate placement and/or behavior that endangers themselves or others.

Sick Policy

Your child will be sent home if he or she has any of the symptoms below.

For the well-being of all the program staff and other children, please keep your child at home if he or she has any of the following symptoms:

- 1) A fever of 101 or higher.
- 2) Vomiting
- 3) Visible mucus (green/yellow)
- 4) Conjunctivitis (pink eye)
- 5) Diarrhea
- 6) Head Lice
- 7) Communicable diseases (i.e Flu, strep)

Children exhibiting the above symptoms will be sent home and must remain home for at least 24 hours.

Pick up

Pick up is between 2:00pm – 2:30pm

Aftercare starts at 2:30pm and ends promptly at 4:00pm. Please be respectful of our staff's personal time.

The cost of aftercare is \$30.00 for the week, whether your student attends one day or all week.

Your child must be picked up at the allotted time. A late fee of \$1 will be incurred for every 5 minutes that the parent/guardian is late. You will receive a late pick up invoice the following day which must be paid within 24hrs of receiving.

Supplies

All students are required to bring lunch, drinks and daily snacks.

I have reviewed the above policy and hereby give my consent for my child to participate in the 2024 Summer Camp.

Child's Name

Parent/Guardian Signature

Date

Please indicate the week(s) you would like to enroll your child.

- Space Week June 3rd- June 6th (NO camp June 7th)
- Art Week June 10th- June 14th
- Sports Week June 17th– June 21st
- Animal Kingdom Week June 24th - June 28th
- Americana Week July 1st– July 3rd (NO camp July 4th and 5th)
- Around the World Week July 8th – July 12th
- Ocean Week July 15th – July 19th
- Superheroes Week July 22nd – July 26th
- Music Week July 29th – August 2nd

Weekly Camp tuition:

\$150 per week All weeks registered must be paid the Friday before the week begins
Registration fee \$50 (nonrefundable, one-time fee)

The registration fee will include a camp t-shirt. Please indicate what size shirt your child will need.

T-shirt size: _____

***** There are no cancellations. Please understand that when you register for the week your seat is reserved and does not allow for another child to attend. Should you choose not to attend the week you registered for, you are still responsible for the payment for that week. *****

*Your child may attend for partial weeks but the rate will remain the same as if attending for the full week. *

Background Information:

Child's name: _____

Date of Birth: _____

Present School Grade: _____

Name of the School: _____

FES - UA Matrix (circle one): 251 252 253 254 255

What classroom setting is your child currently enrolled?

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

With whom does the child live with? _____

Emergency contact: _____

Please list the name(s) of individuals authorized to pick up your child:

2024 Summer Camp Health Information
(To be completed by parent/guardian)

Child's Name: _____ DOB: _____ Age: _____

Male _____ Female _____ Height: _____ in. Weight: _____ lbs.

In case of illness or emergency, please contact:

Name: _____

Street Number

City

State

Zip Code

Day Time Phone: _____

Cell Phone: _____

Health History

What is your child's primary disability (Secondary if applicable):

Assistance in restroom? Yes No

Wear pull-ups? Yes No

Assistance being fed/eating? Yes No

Vision/hearing impairments? Yes No

History of Seizures? Yes No

Please explain any additional comments:

ASSISTIVE DEVICES: (please circle)

Hearing aid Glasses/contact lens

Communication device

Wheelchair Walker

Other _____

Please be specific in answering the following:

Adventure Camp staff do not administer medication at any time unless in the event of a life-threatening emergency ie; Epi-pen, seizure medication

| MEDICATION | DOSAGE | ROUTE/ APPLICATION | DIAGNOSIS / REASON | PRESCRIBING DOCTOR |
|------------|--------|-----------------------|-----------------------|-----------------------|
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Does your child have physical restrictions/limitations? Yes No If
yes, explain:

Does your child have any allergies or food allergies/sensitivities? If yes, please explain:

Any dietary restrictions? Yes No If yes, explain:

IN CASE OF EMERGENCY

Your child's physicians full name: _____

Address

City

State

Zip Code

Phone Number: _____

I hereby attest that to the best of my knowledge, the child named above is in good health. Also, the child is physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to the Haven to seek proper medical treatment for the child named above.

Parent/guardian: _____ Date: _____

Water Activities Consent Form

This form is required for children to participate in any water activity (i.e. pool, beach, splash pad, fishing) without their parent / legal guardian present.

- Certified Life Guard must be on duty.
- No personal items allowed in the pool
- Goggles and ear plugs for children with eye or ear sensitivities are acceptable.
- Pool dress code will be followed: Swimming suits must be worn.
- Haven staff will accompany children in the pool. The staff to child ratio will not exceed 4:1.
- Maximum capacity in the pool is 20 people at all times

I understand that swimming and being around any body of water involves a certain degree of risk. I release The Haven employees from any and all claims of liability arising out of my teen/adult swimming as part of activities sponsored by The Haven. I understand that swimming is a voluntary activity and requires my adult client to be able to follow the rules as directed by The Haven staff. The Haven shall have a staff on pool duty at all times during pool time. I agree to discuss any medical issues with Haven staff

prior to my adult client using the pool. My signature below indicates that the child listed has my consent to participate in swimming pool activities and is able to swim without assistance.

Can your child swim? YES NO

Client Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

My signature below indicates that the child listed above **CANNOT** participate in water based activities.

Parent / Legal Guardian Signature _____ Date _____

Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by The Haven for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: _____

Date: _____

Media Release

I give permission for The Haven to use pictures and/or video of my child. Doing so will not prohibit them from participating in any event and it is understood that this material will be used only for educational purposes to promote The Haven and Haven Academy through the agency Facebook page, newsletters, press release, and advertising materials.

Yes ___ No ___

Parent Signature: _____

Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive The Haven, and their employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____

Date: _____

Transportation Release

I acknowledge that, I (the parent/guardian) will assume the liability of the child in the off-campus activity/event of the summer program. I will not hold the Haven, its employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named child in the course of such activities or such travel. I accept full responsibility and hereby grant permission for my son/daughter to travel on any Haven related trip by bus or van.

Parent/Guardian Signature: _____

Date: _____

I attest that to the best of my knowledge, the information provided on the application is accurate. I have read all of the camp policies and procedures.

Parent Signature: _____

Date: _____