

# CAMP HARVEST 2024

1101 Delaware Street New Castle, DE 19720

**June 10th – August 16th**

**\* Trip Fee is Due with the Registration Form\***

POC: Y/N

MCI#: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_

## MISSION STATEMENT

Camp Harvest is committed to providing a variety of fun activities in an exciting environment where youth and adults can experience and know the love of Jesus Christ.

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## CAMPER INFORMATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

School Name \_\_\_\_\_ **Grade Entering 2024** \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

## PARENT GUARDIAN - Contact Information (CENTER COMMUNICATION TOOL – PLEASE KEEP ACCURATE)

### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ BEST Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ BEST Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION – Alternate Pickup/Emergency Release

### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please list those people, in addition to parents/guardians, who are permitted to pick up your child:

1: \_\_\_\_\_ Best Phone number: \_\_\_\_\_

2: \_\_\_\_\_ Best Phone number: \_\_\_\_\_

3: \_\_\_\_\_ Best Phone number: \_\_\_\_\_

## Medical Release Information

### Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

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Age: \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required Treatment

Should a paramedic be called?

\_\_\_\_\_

\_\_\_\_\_

Yes/No

Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

**Is your child allergic to any type of food or medication?**

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

*The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.*

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and providing necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Camp Harvest will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**CAMP HOURS: 8:00 A.M. TO 4:00 P.M.**

## 2024 CAMP RATES AND FEES:

**PRESCHOOLERS (Ages 3 thru 5):** \$250/per week, *preschoolers must be 3 by June 10, 2024, and fully potty-trained to register*  
Trip Fee and T-shirt **\$150 one-time fee due with Registration (optional, preschoolers may stay at school)**

**SCHOOLAGERS (Ages 6 and up):** \$200/per week  
Trip Fee and T-shirt **\$250 one-time fee due with Registration (school agers are required to attend trips)**

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Age: \_\_\_\_\_

Terms of Agreement (*initials required*)

## Photo Release

I hereby permit my child to be photographed during CAMP HARVEST. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors, and for promotional purposes including flyers, brochures, newspapers, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation, and that all photos are the property of Camp Harvest and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

## Transportation Release

I hereby give permission for the transportation of my child for official **Camp Harvest** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

## PAYMENT POLICY AND CONDITIONS OF APPLICATION

1. To secure a camper's slot and to complete registration, you must pay your activity fee in full and provide a credit card authorization form.
2. All payments are done electronically via Tuition Express every Friday before the week of attending. **This applies to private pay and POC clients with a copayment. You must have active and valid card on file for billing purposes.**
3. **Payments are processed every week. It is your responsibility to inform the Camp Director when your child will not be attending camp.**

## ACTIVITY FEE POLICIES

1. The activity fee is optional for Preschool Campers (they may remain at school with a counselor).
2. **PRESCHOOL CAMPERS** –Some trips will require a chaperone. Some campers will also require a chaperone (this is at our discretion).
3. All chaperones **must be 18 years and older and must pay an individual trip fee.**
4. **THE ACTIVITY FEE IS REQUIRED FOR ALL SCHOOL-AGE CAMPERS.**

## FIELD TRIP POLICIES

1. **All Campers: WE DO NOT OFFER A TRIP-BY-TRIP OPTION.**
2. **School-age Campers:** We can deny a camper the privilege of attending field trips based on behavior, as safety is the most important thing on these trips.
3. **Preschool Campers:** We have the right to require a chaperone for preschool campers because of maturity and behavior.

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Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_

Select weeks of Attendance by checking the box for each week your child will be in attendance. **PAYMENT WILL BE AUTOMATICALLY CHARGED FOR EACH WEEK SELECTED** unless notified in advance. Billing will be done based on the weeks selected. If there are any changes, please ensure you notify us at least a week ahead so we can ensure accurate billing.

I will be attending the weeks of: (check weeks attending):

<input type="checkbox"/>	June 10-14	<input type="checkbox"/>	July 15-19
<input type="checkbox"/>	June 17-21 <i>closed June 19th</i>	<input type="checkbox"/>	July 22-26
<input type="checkbox"/>	June 24-28	<input type="checkbox"/>	July 29-Aug 2
<input type="checkbox"/>	July 1-5 <i>closed 4<sup>th</sup> of July</i>	<input type="checkbox"/>	August 5-9
<input type="checkbox"/>	July 8-12	<input type="checkbox"/>	August 12-16

Please read and INITIAL:

- Attached is a copy of my child's current physical dated within a year to date.
- I understand the **FIELD TRIP POLICY**; **Trip Fee is NON-REFUNDABLE**.
- I understand camp hours are 8:00 a.m. to 4:00 p.m. Late fees will apply.
- I understand payment is due on Friday before the week of attending camp. All payments will be done electronically via Tuition Express. I will keep a valid credit card on file for payments to be applied.
- I understand that a one-week notice is required for withdrawal from camp, for which time payment is still due.

**Read in its entirety and sign:**

My child has my permission to attend Camp Harvest 2024 and to participate in all activities. I hereby permit the physician selected by the Camp Director to order X-rays, routine tests, and treatment for the health of my child if I cannot be reached in an emergency. I hereby permit the physician selected by the Camp Director to hospitalize, secure proper treatment, and order injection and/or anesthesia and/or surgery for my child as named on this application.

I understand Camp Harvest cannot be responsible for lost or broken items, and that unclaimed items will be donated to Harvest Fest, a local charity outreach, two weeks after the end of my camper's session.

I understand and will comply with all camp policies and procedures as outlined in this document and the camp welcome packet. I also understand and will comply with all cancellation policies and procedures.

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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