

CAMP HARVEST 2022

**** New Address: 1101 Delaware Street New Castle, DE 19720**

June 6 – August 12

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

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.

CAMPER INFORMATION

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ **Grade Entering** _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State ____ Zip code _____ Child's Home Phone _____

PARENT GUARDIAN - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____ Cell Phone _____
E-mail Address _____ (THIS IS HOW WE PRIMARILY COMMUNICATE)

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ____ Zip code _____ Home Phone _____ Cell Phone _____
E-mail Address _____ (THIS IS HOW WE PRIMARILY COMMUNICATE)

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 _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

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

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

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

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

CAMP HARVEST 2022

**** New Address: 1101 Delaware Street New Castle, DE 19720**

June 6 – August 12

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

Camper Name: _____ Age: _____

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 which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of 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.

2022 CAMP RATES AND FEES:

PRECHOOLERS (Ages 3 thru 5): \$195/per week, *preschoolers must be 3 by June 6, 2022, and fully potty-trained to register*
Trip Fee and T-shirt **\$100** *one-time fee due with Registration (optional, preschoolers may stay at school)*

SCHOOLAGERS (Ages 6 and up): \$175/per week
Trip Fee and T-shirt **\$150** *one-time fee due with Registration (schoolagers are required to attend trips)*

Terms of Agreement (initials required)

Photo Release

I hereby give permission for my child to be photographed during CAMP HARVEST. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper 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 (DE Covid-19 CDC guidelines will be followed)

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 _____

CAMP HARVEST 2022

**** New Address: 1101 Delaware Street New Castle, DE 19720**

June 6 – August 12

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

Camper Name: _____

Age: _____

PAYMENT POLICY AND CONDITIONS OF APPLICATION

1. Register by April 1st and the first week of camp is FREE!
2. To secure a camper's slot and to complete registration, you must pay your activity fee in full and provide a credit card form.
3. All payments are done electronically via Tuition Express every Friday prior to the week attending. This applies to private pay and POC clients with a copayment. You must have a card on file.
4. Payments are processed on a weekly basis. 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 are required to pay an individual trip fee.**
4. **THE ACTIVITY FEE IS REQUIRED FOR ALL SCHOOL-AGE CAMPERS.** No chaperones are permitted on school-age trips.

FIELD TRIP POLICIES

1. **All Campers: WE DO NOT OFFER A TRIP BY TRIP OPTION.**
2. **School-age Campers:** We have the right to 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.

WEEKS OF ATTENDANCE: Please check the box for each week your child will be in attendance. **PAYMENT WILL BE AUTOMATICALLY CHARGED FOR EACH WEEK SELECTED.**

<input type="checkbox"/>	June 6-10	<input type="checkbox"/>	July 11-15
<input type="checkbox"/>	June 13-17	<input type="checkbox"/>	July 18-22
<input type="checkbox"/>	June 20-24	<input type="checkbox"/>	July 25-29
<input type="checkbox"/>	June 27-July 1	<input type="checkbox"/>	August 1-5
<input type="checkbox"/>	July 5-8	<input type="checkbox"/>	August 8-12

Please read and check:

- POC clients ONLY** - I receive Purchase of Care and I ensure approved authorization on each week in attending. I understand that I cannot use POC to pay for activity or transportation fees.
- I understand that **TRIP FEES ARE NON-REFUNDABLE.**
- I understand camp hours are 8:00 a.m. to 4:00 p.m.
- I understand payment is due on Friday prior to the week 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.

CAMP HARVEST 2022

****New Address: 1101 Delaware Street New Castle, DE 19720**

June 6 – August 12

Trip Fee is Due with Registration Form

Camper Name: _____

Age: _____

Read in its entirety and sign:

My child has my permission to attend Camp Harvest 2022 and to participate in all activities. I hereby give permission to the physician selected by the Camp Director to order X-rays, routine tests and treatment for the health of my child in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and to 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, after two weeks of the end of my camper's session.

I understand and will comply with all camp policies and procedures. I also understand, and will comply with, all cancellation policies and procedures.

Parent/Guardian Name: _____ *(Please Print)*

Signature: _____ Date: _____

****You can return your completed Summer Camp registration form to our HCA office in New Castle DE, or via email at Summercamp@hcade.org. You must stop by the HCA office to complete the credit card authorization form and to process your trip fee payment. Please note that your summer camp registration is not complete until trip fees are paid in full.****



For Office Use Only:
 Entered in Procure
 Date: ___/___/___
 By: _____

Harvest Christian Academy CREDIT CARD AUTHORIZATION

Check Only One (1) Selection and Enter Your Details.

- **Recurring Charge** - You authorize regularly-scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize Harvest Christian Academy to charge my credit card below for the current weekly tuition rate for _____ on the first business day of each week.
 (Student's Name)

- **One (1) Time Charge** – Sign and complete this form to authorize Harvest Christian Academy to make a one-time charge to your credit card account listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize Harvest Christian Academy to charge my credit card indicated below for \$ _____ on ___/___/___ for _____.

Billing Information

Cardholder Name _____ Phone # _____

Billing Address _____

City, State, Zip _____ Email _____

Credit Card Account Number _____ - _____ - _____

Expiration Date ___/___/___ CVV # _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a rejected payment, I understand that the merchant may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempt returned which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ **DATE** ___/___/___