



2019 FAMILY CAMP APPLICATION

Please complete, sign and return the application along with the \$100.00 deposit to:

Harmony Family Center
118 Mabry Hood Road Suite 400, Knoxville, TN 37922
Attention: ASAP Clinical Manager- Michelle Whaley

Family Name: _____ # of Adults: _____ # of Children: _____
 Address: _____
 City, State/Province, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Please indicate the 2019 camp date your family would like to attend below and include your first and second preference in the space to the right of the camp date. We will do our best to honor each family's preferences, however selection for camp is based on a first come, first served basis and includes matching families together to provide the best camp experience for everyone involved. ***Please note that we must have your completed application and deposit to secure your family camp reservation.**

**All Family Camps begin at 5:00 pm ET on Friday evening and end at 1:00 pm ET Sunday afternoon*

- June 7-9** _____
- August 23-25** _____
- October 4-6** _____
- November 1-3** _____

***IMPORTANT: Children must be at least 5 years old or a rising kindergartner to attend Family Camp.**

Parent 1: _____ Cell Phone: _____

Gender: _____ Birth Date: _____ Dietary Restrictions/Allergies: _____

Parent 2: _____ Cell Phone: _____

Gender: _____ Birth Date: _____ Dietary Restrictions/Allergies: _____

Child 1: _____ Gender: _____ Grade: _____

Birth Date: _____ Dietary Restrictions/Allergies: _____

How did child join your family? (Please circle one of the following)

Birth _____ Adoption (Date of finalization) _____ Foster _____ Other _____

Child 2: _____ Gender: _____ Grade: _____

Birth Date: _____ Dietary Restrictions/Allergies: _____

How did child join your family? (Please circle one of the following)

Birth _____ Adoption (Date of finalization) _____ Foster _____ Other _____

Child 3: _____ Gender: _____ Grade: _____

Birth Date: _____ Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth _____ Adoption (Date of finalization) _____ Foster _____ Other _____

Child 4: _____ Gender: _____ Grade: _____

Birth Date: _____ Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth _____ Adoption (Date of finalization) _____ Foster _____ Other _____

Family goals, hopes, and expectations of attending family camp:

Harmony's goal is to provide a well-rounded camp experience for all participants. To aid us in accomplishing this goal, we ask participants to inform us of any special needs or limitations.

Please read and initial the boxes below signifying your understanding and agreement to each statement.

- I understand that *ASAP Family Camps* are designed for families who have adopted either privately, internationally, or through the child welfare system. I understand that my family must include at least one (1) minor adopted child currently living in my home to be eligible to attend camp.
- I understand that *ASAP Family Camp* is welcoming and inclusive of all families and life situations.
- I understand that submitting an application and deposit does not guarantee my family's participation in camp. After the *ASAP Family Camp Intake Coordinator* receives a family's application, they will be contacted to discuss next steps for completing the application process.
- I understand that if I have a current foster child in the home, they may or may not be able to attend based on the child being in the legal custody of the state.
- Our primary concern is the health and safety of every member of the camp community. *ASAP Family Camp* is a smoke-free, alcohol-free, drug-free, and weapon-free community.
- I understand that due to safety and the design of the camp milieu, campers must be at least **five years old or a rising Kindergartener** to participate in *ASAP Family Camp*.
- There will not be a nurse at *ASAP Family Camp* so families will need to bring and administer any necessary medications for their family.
- I hereby give myself and my child(ren) permission to participate in *ASAP Family Camp* activities.
- I understand a \$100.00 deposit is required to process my application and reserve my preferred camp dates.
- I understand that family pets are not allowed at *ASAP Family Camp*.

- I understand that part of the camp experience involves activities and group interactions which may be new to me and my child and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of myself and my child. I realize that no environment is risk-free, therefore I understand and have instructed my child on the importance of abiding by the camp rules as outlined by *ASAP Family Camp* staff.
- I agree that *ASAP Family Camp* has my permission to use photographs, video or the likeness of my child and/or me for promotional purposes, unless I indicate otherwise in writing.
- I agree that *ASAP Family Camp* may share my family's contact information with other camp families for communication purposes only unless I indicate otherwise in writing.
- I understand that the *ASAP Family Camp Clinical Manager and Family Preservation Director* reserve the right to remove any participant without refund who:
 - a) Willfully disregards camp rules, or who endangers his/her or others' safety;
 - b) Harms himself/herself or other members of the community;
 - c) Destroys camp property or the property of another member of the camp community;
 - d) Requires greater supervision than can reasonably be offered by the camp;
 - e) Does not follow the camp rules;
 - f) Acts in any way which the *ASAP Family Camp Clinical Manager*, at his/her sole discretion, finds to be detrimental to the camp environment.

PAYMENT INFORMATION – 2019 ASAP FAMILY CAMP FEES

REMINDER: A deposit check of \$100.00 made payable to Harmony Family Center must be included with each application to hold preferred camp dates.

- I have adopted through the Tennessee Department of Children's Services**
A deposit of \$100.00 is required to process your application and reserve your preferred camp dates.
 - The deposit is 100% refundable under the following conditions:
 - 1) No space is available 2) the family is not eligible for camp 3) the family is registered for camp, but cancels within 30 days prior to the camp or 4) the family is registered for camp and attend the camp.
 - The deposit will not be refunded if the family cancels less than 30 days prior to the scheduled camp date.
- I have adopted internationally, privately, or through another state outside of Tennessee.**
A non-refundable deposit of \$100.00 is required to process your application and reserve your preferred camp dates.
 - In the event there is no space available, the family is not eligible for camp, or if the family cancels 30 days prior to the camp session, 100% of the deposit will be refunded.
 - Deposit is not refundable if family cancels less than 30 days prior to scheduled camp session
 - An additional \$25 per family member is due upon your arrival at your camp session
 - The total camp fees per family will not exceed \$200.00

For questions or more information contact:

ASAP Clinical Manager, Michelle Whaley
 Phone: (423) 302-0280
 Email: michelle@harmonyfamilycenter.org