



## 2024 ASAP DAY CAMP APPLICATION

March 11-13, 2024 \*ONLY 3 days\*

Spring Break Day Camp (4-8<sup>th</sup> grades)

*Applications due Feb 8<sup>th</sup>*

July 8-11, 2024

Elementary Day Camp (rising 2<sup>nd</sup> – 6<sup>th</sup> grades)

*Applications due May 31<sup>st</sup>*

July 22-25, 2024

Teen Day Camp (rising 7-recent grads)

*Applications due May 31<sup>st</sup>*

**\*All Day Camps begin at 9:00am EST and end at 5:00pm EST**

**Please fill out, sign, and return this form no later than the due date listed:**

**Sinead Love [sinead@harmonyfamilycenter.org](mailto:sinead@harmonyfamilycenter.org)**

**If**

**If camper is eligible for Day Camp, family will receive enrollment forms at a later date.**

Names of campers/sessions applying for:

Parent name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child 1:** \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Has my child spent 8 hours away from his/her primary caretaker? \_\_\_\_\_

Adoption/Guardianship Finalization Date: \_\_\_\_\_

Current Medication Schedule: \_\_\_\_\_

**Child 2:** \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Has my child spent 8 hours away from his/her primary caretaker? \_\_\_\_\_

Adoption/Guardianship Finalization Date: \_\_\_\_\_

Current Medication Schedule: \_\_\_\_\_

**Child 3:** \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Has my child spent 8 hours away from his/her primary caretaker? \_\_\_\_\_

Adoption/Guardianship Finalization Date: \_\_\_\_\_

Current Medication Schedule: \_\_\_\_\_

**Child 4:** \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Has my child spent 8 hours away from his/her primary caretaker? \_\_\_\_\_

Adoption/Guardianship Finalization Date: \_\_\_\_\_

Current Medication Schedule: \_\_\_\_\_

**Parent goals, hopes, expectations of child attending camp:**

Harmony’s goal is to provide a well-rounded camping experience for all participants. To aid us in accomplishing this goal, we ask parents to inform us of any social or behavioral challenges your child(ren) may have in a camp setting.

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- I understand that Harmony’s Day Camp is designed for adopted children and children in subsidized permanent guardianship only.
- I understand that Day Camp is welcoming and inclusive of children from all families and life situations, and bullying will not be tolerated.
- I understand that submitting an application does not guarantee participation in Day Camp.
- I understand that priority goes to campers who are attending for the first time.
- Harmony’s primary concern is the health and safety of every member of the camp community. Harmony Family Center at Montvale is a smoke-free, alcohol-free, drug-free, and weapon-free environment.
- I understand campers must be in the correct grade listed above to participate in Day Camp sessions.
- I understand that no electronic or mobile devices are permitted during Day Camp. Should any communication needs arise, please call the Montvale office at 865-981-3953.
- I hereby give my child(ren) permission to participate in Harmony Day Camp activities.
- I understand that camp fees (\$100 first child, \$75 for each additional child) will be *due in full* with the enrollment form

- I understand that part of the camp experience involves activities and group interactions that may be new to 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 my child. I realize that no environment is risk-free, therefore I understand and have instructed my child on the importance of abiding by camp rules, and my child agrees that they are familiar with these rules and will obey them.
- I agree that Harmony Family Center has my permission to use photographs, video or likenesses of my child and/or me for promotional purposes, unless I indicate otherwise in writing.
- I understand that Day Camp is hosted at Harmony Family Center at Montvale located at 4901 Montvale Road, Maryville TN 37803. The location is remote and lies 10 miles (20 minutes away) from the nearest hospital.
- I understand that we must provide at least one reliable cell phone number where I/we can be reached at all times during the hours my child is at camp. **Cell Phone #:** \_\_\_\_\_
- I understand that Harmony Family Center reserves the right to remove any participant without refund who:
  - a) Willfully disregards camp rules, or who endangers his/her safety or the safety of others;
  - b) Harms himself/herself or other members of the camp 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) Acts in any way which Harmony Family Center employees find to be detrimental to the camp environment.

## PAYMENT INFORMATION

### 2024 DAY CAMP FEE SCHEDULE

*First child: \$100*

*Additional children: \$75 each*

- ***Payment of full camp fees (per child) will be due upon submission of the enrollment packet.***

Payment is 100% refundable under the following conditions:

- 1) You are registered for camp but cancel 7 or more days prior to the start of day camp

Payment will **not** be refunded if child cancels *less than 7* days prior to scheduled day camp.

**For questions or more information contact:**

Day Camp Coordinator: Sinead Love

Phone: 865-919-5738 Email: [sinead@harmonyfamilycenter.org](mailto:sinead@harmonyfamilycenter.org)