



2024 FAMILY CAMP APPLICATION

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

Harmony Family Center
118 Mabry Hood Road, Suite 400
Knoxville, TN 37922
Attention: ASAP Director - Kristi Kulesz

Family Name: _____

of Adults _____ # of Children _____

Address: _____

City, State/Province, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please indicate the 2024 camp date your family would like to attend below and include your first and second preference in the space to the left 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 priority is given to families who have not had the opportunity to attend camp in the past. In addition, we must have your completed application and fee 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*

_____ May 17-19

_____ September 20-22

_____ October 25-27

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

ATTENDEE INFO

Parent 1: _____ Cell Phone: _____

Gender: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL 2X 3X 4X

Parent 2: _____ Cell Phone: _____

Gender: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL 2X 3X 4X

Child 1: _____ Gender: _____

Grade: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL Other: _____

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

Birth Adopted/Guardianship (Date of Finalization/Guardianship: _____) Foster

If child was adopted, please indicate what type of adoption by circling one of the following:

Foster Care Adoption Private Adoption International Adoption

Child 2: _____ Gender: _____

Grade: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL Other: _____

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

Birth Adopted/Guardianship (Date of Finalization/Guardianship: _____) Foster

If child was adopted, please indicate what type of adoption by circling one of the following:

Foster Care Adoption Private Adoption International Adoption



ATTENDEE INFO

Child 3: _____ Gender: _____

Grade: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL Other: _____

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

Birth

Adopted/Guardianship (Date of Finalization/Guardianship:_____)

Foster

If child was adopted, please indicate what type of adoption by circling one of the following:

Foster Care Adoption

Private Adoption

International Adoption

Child 4: _____ Gender: _____

Grade: _____ Birth Date: _____

Dietary Restrictions/Allergies: _____

T-Shirt Size (Please circle one): XS S M L XL Other: _____

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

Birth

Adopted/Guardianship (Date of Finalization/Guardianship:_____)

Foster

If child was adopted, please indicate what type of adoption by circling one of the following:

Foster Care Adoption

Private Adoption

International Adoption





Have you attended family camp before? _____ Yes _____ No

Name of ASAP Family Therapist (if applicable): _____

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 Family Camps are designed for families who have adopted either privately, internationally, or through the child welfare system OR who have subsidized permanent guardianship (SPG) of a child. I understand that my family must include at least one (1) minor adopted or SPG child currently living in my home to be eligible to attend camp.

___ I understand that 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 Family Camp Director receives a family's application, they will be contacted to discuss next steps for completing the application process. The \$100 fee will be returned to families not selected for participation in the camp.

___ 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. 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 Family Camp.

___ There will not be a nurse at 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 Family Camp activities.

___ I understand a \$100.00 fee is required to process my application and reserve my preferred camp dates. The fee will be refunded for families not selected for participation.

___ I understand that family pets are not allowed at 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 Family Camp staff.

___ I agree that 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 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 Family Camp Director and ASAP Program Manager 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 Family Camp Director and/or ASAP Program Manager at his/her sole discretion, finds to be detrimental to the camp environment.



PAYMENT INFORMATION 2024 - FAMILY CAMP FEE

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

Payment is 100% refundable under the following conditions:

- 1) No spaces are available
- 2) Family is not eligible for camp
- 3) Family is not selected for participation in camp
- 4) Camp is cancelled/rescheduled/postponed

Payment will not be refunded if family cancels within 30 days prior to camp start date.

For questions or more information contact:

ASAP Director, Kristi Kulesz

Email: kkulesz@harmonyfamilycenter.org

Phone: (865) 309-4976

