

CAMP HARVEST

1101 Delaware Street New Castle, DE 19720

June 9th – August 15th

*** Trip Fee and Chaperone Form are 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).

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

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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 information listed above is to ensure that medical personnel have details about any medical issues 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 the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian 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/Guardian Initials _____

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

CAMP RATES AND FEES:

CAMP FEE:

\$250/per week

Trip Fee and T-shirt:

\$250 one-time fee due with Registration

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, 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 all the photos are the property of Camp Harvest and its affiliates.

Parent/Guardian Initials _____

I permit for my child to be transported for official Camp Harvest activities using transportation methods approved by the camp organizers.

Parent/Guardian Initials _____

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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 form.
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. *If a credit card declines due to being closed, a \$25 late fee will be automatically applied.***
2. Payments are processed weekly (every Friday morning).
3. **THE ACTIVITY FEE IS REQUIRED FOR ALL CAMPERS.** Chaperones are not permitted on trips unless notified in advance.
4. **All Campers: WE DO NOT OFFER A TRIP-BY-TRIP OPTION**
5. **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.**

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.

<input type="checkbox"/>	June 9-13	<input type="checkbox"/>	July 14-18
<input type="checkbox"/>	June 16-20 6/19/25 – CLOSED for observing Juneteenth	<input type="checkbox"/>	July 21-25
<input type="checkbox"/>	June 23-27	<input type="checkbox"/>	July 28- 8/1
<input type="checkbox"/>	June 30-July 4 th – Friday, 7/4/25- CLOSED	<input type="checkbox"/>	Aug 4-8
<input type="checkbox"/>	July 7-11	<input type="checkbox"/>	August 11-15

Please read and CHECK ALL:

- 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 **prior to the week attending camp.** All payments will be processed electronically through Tuition Express. I will maintain a valid credit card on file for these payments. **If a credit card declines due to being closed, a \$25 late fee will be automatically applied.**
- I understand that a one-week notice is required for withdrawal from camp, for which time payment is still due.

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Age: _____

Read in its entirety and sign:

My child has my permission to attend Camp Harvest 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 acknowledge that Camp Harvest is not responsible for lost or damaged items. Additionally, unclaimed items will be donated to Harvest Fest, a local charity outreach, if items have not been claimed by 8/29/2025.

I understand and will comply with all camp policies and procedures as outlined in this document and the camp welcome packet. **I have read, understand, and will comply with all policies and procedures.**

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

Signature: _____

Date: _____