

CAMP HARVEST 2026

1101 Delaware Street New Castle, DE 19720

June 8th – August 14th

*** 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 for SY 26-27** _____ 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 _____

Primary Care/Pediatric Physician _____

Address _____

Phone _____

Hospital Preference _____

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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 a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

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 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'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.

Meals served: Breakfast: 7:30 – 8:15 A.M. and Lunch at 11:30 A.M.

2026 CAMP RATES AND FEES:

SCHOOLAGERS (Ages 6 and up): \$300/per week
Trip Fee and T-shirt \$250 one-time fee due with Registration (schoolagers are required to attend trips)

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, newspapers, 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

I hereby give permission for the transportation of my child for official **Camp Harvest** activities by the modes of transportation agreed to by the camp organizers.

Parent's/Guardian's 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.
2. All payments are done electronically every Friday prior to the week attending. This applies to private pay and POC clients with a copayment and/or plus fees.
3. Camp will run for **10 weeks**. All accounts will be **billed weekly on Fridays**, and the **camp rate will be charged to the card on file** for that week.

ACTIVITY FEE POLICIES

1. **THE ACTIVITY FEE IS REQUIRED FOR ALL SCHOOL-AGE CAMPERS.**

FIELD TRIP POLICIES

1. **All Campers are trippers. We do not offer "Pay Trip-by-trip".**
2. **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.** No chaperones are permitted on school-age trips unless your child requires a chaperone.

Please read and CHECK ALL:

- Attached is a copy of my child's current physical dated within the past year.
- I understand the **FIELD TRIP POLICY**. Trip fees are prepaid and **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 made 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.

Read in its entirety and sign:

My child has my permission to attend Camp Harvest 2026 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 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 and will comply with all camp policies and procedures as outlined in this document and the camp welcome packet. I also understand and will comply with all cancellation policies and procedures.

Parent/Guardian Name: _____ (Please Print)

Signature: _____ Date: _____