PMay 6, 2022

Dear Parent/Guardian,

We are currently accepting applications for Harmony Quest Summer Camp ages 12 to 17 years old. This is an alternative activity to effect positive change for youth in need of support through education, therapy, and fun connection.

This will be our 1st Harmony Quest Summer Camp and it will be provided **free of charge** for teens ages 12 through 17. If you have a child who you think would enjoy and could benefit from attending this day-camp experience, please complete this application and return it by **July 15th.**

This camp will be **four days** and will be held **Monday, July 25th - Thursday, July 28th** from 9a.m. to 3p.m. Monday through Wednesday and will be from 9a.m. to 5:30p.m. on Thursday. We will have our Celebration of Completion with a Camp Show Off Event the final day July 28th from pick up time at 5:30p.m. until 6:30p.m. for parents to come and see all that their children have completed throughout the camp. We will be holding the camp at The Odessa Downtown Lions Club, in Odessa, Texas.

The agenda for the week will include various recreational activities such as making nature suncatchers from items collected during a nature walk, making cereal bird feeders, emotion identification tag, teen centered meditation/relaxation, yoga, and much more! Campers will also participate in daily groups on self-esteem, communication, emotion identification and regulation, and goal setting. All activities will be facilitated by Harmony Home Children’s Advocacy Center staff and volunteers.

All materials, supplies, and food will be provided. Children attending will not need to bring anything to camp each day.

It is the responsibility of the caregiver to make arrangements for transportation for drop off and pick up each day.

Please note: This application does not guarantee that your child will attend Harmony Quest Summer Camp. We have a predetermined number of slots available (10), and we will do our best to accommodate all applicants. You must receive verbal verification from either Meagan or Shayla, our Harmony Home CAC Family Advocates for final confirmation and details of your child’s acceptance.

We hope that you will take advantage of this opportunity for your child to learn how to apply life skills, continued safety skills, to live a healthy life and how to use their creativity to be a kid. It is our goal to provide them with a valuable and memorable experience that will benefit them throughout their lives.

Please feel free to direct any questions to my attention at 432.333.5233.

Sincerely,

Stephanie Schoen

Mental Health Director

Harmony Home Children’s Advocacy Center

Application for Harmony Quest Summer Camp Registration

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Male or Female

(circle one)

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade in School \_\_\_\_\_

Youth Sizes: M L Adult Sizes: S M L XL

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Legal Guardian: (circle one) Mom Dad Both

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, if a parent/guardian cannot be reached, list the names and contact information for the people that you give us permission to contact to provide assistance to your child.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following information regarding your child’s health in order for camp staff to be well-informed of any special needs that your child may require.**

Does Your Child Have: (circle “Yes” or “No”)

Asthma Yes No

Allergies Yes No (consider food allergies too)

Diabetes Yes No

Ear Problems Yes No

Eye Problems Yes No

Epilepsy Yes No

Heart Disease Yes No

Hyperactivity Disorder Yes No

Lung Problems Yes No

Stomach Ailments Yes No

Teeth Problems Yes No

If you circled “Yes” to any of the above, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking any medications? (circle one) Yes No

If “Yes,” list the medication, when it is taken and the dosage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be bringing any medications to camp? (circle one) Yes No

If Yes, please list and explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other medical concern that our staff should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any activities in which your child should **NOT** participate?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any personal traits, limitations or characteristics which would be helpful for our staff to know when working with your child. (Ex. strong behavioral tendencies, fears, triggers, etc….)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I give Harmony Home Children’s Advocacy Center the authority to release my child to the following people in the event that I am unable to be present at the time of pick up: (Must provide I.D.)

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read, completed and understand this application. All of the information provided is an accurate account of my child and of my contact information. I agree not to send my child to Summer Camp in the event that he/she is exposed to any contagious disease or, if for any reason, I do not consider my child to be in good health and in good physical condition.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name

Notification of Medical Procedures

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of a minor accident, ex. Bug bite, cut finger, scraped knee, etc., I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child, hereby authorize a staff member of Harmony Home Children’s Advocacy Center to administer minor first aid.

In the event of an incident that requires medical attention, I authorize a staff member of Harmony Home Children’s Advocacy Center to dial 9-1-1 and notify the caregiver.

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number

Media Consent Form for Children & Young Adults

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(referred to as “my child”), and

participate in programs and activities with Harmony Home Children’s Advocacy Center.

I hereby consent to my child’s participation in and the taking of photographs and/or videos of him/her on behalf of Harmony Home Children’s Advocacy Center. I also grant the right to edit, use, and reuse said products for non-profit, non-commercial purposes, including print, online, social media and all other forms of media. I give this authorization without expectations of compensation.

This consent will remain in effect until I revoke it in writing.

Signature: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_