Hopes Harvest Summer Camp Application

June 1st - July 3rd 2026

Child Name: _____Date of Birth: _____

Address: _____City: _____State: _____ Zip: _____

Age: _____ Grade: _____ **Bring Last report card**

Does your child have an IEP , BIP, Behavior plan , and/or disability, ect., ? ____

If yes , **You will need to speak with Our Director of Student Support to make sure we have sufficient staffing to accommodate your child.**

if yes, please explain

_____

_____

_____

If no, continue …..

T-Shirt Size: Youth: XS S M L XL Adult: XS S M L XL

Parent Name: _____

Parent Email: _____

Cell Phone: _____

Do you consent to your child's photograph being taken? Yes No

Do you need BEFORE or AFTER CARE ? Yes No

If yes, please note that BEFORE CARE is from **7am -7:45 (Price: $10)**

AFTER CARE is from **3:15 PM - 5:00 PM (Price: $15)**

***PLEASE HAVE EXACT CASH, AFTER CARE/BEFORE CARE ACCESS WILL BE DENIED IF POLICY ISN'T HONORED**

ONLY parents or persons listed below can pick up your child.

Name	Phone
1.	
2.	
3.	

Parent /Guardian/Adult Signature

Date

Field Trip/ Water Day Form

Hopes Harvest Camp must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on-site by the swim instructor and program management.

Does your child have permission to go on weekly camp field trips? Yes No

If not, the child must stay home. All staff will be on field trips.

1st Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____

2nd Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____

Release of Liability
Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Hopes Harvest Camp, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

_____

Child Name:

_____

Parent /Guardian/Adult Signature Date

Medical Information

Child's name: _____

Insurance company: _____

Policy Number: _____

Allergies: _____

Medication: _____

Physical Name: _____

Medical Conditions: _____

_____

Physician's phone: _____

Preferred Hospital: _____

Notes: _____

HHCSC

RULES & EXPECTATIONS

Parents:

- T-shirts are mandatory for field trips (you will be notified)
- **No cell phones (phones collected in the morning)**
- Contact us by phone or email for any concerns
- You must contact us ahead of time by phone/ text (504- 450-9612, Ms. Tramaine) for early pick up.
- Children cannot be dropped off past 9 am
- **After 3 strikes with forms and disciplinary actions, camper may be released from camp attendance. No refund.**
- **No short shorts, No stomach out, no revealing clothing, No open toe shoes (please wear tennis shoes)**

Children:

- **Respect Everyone →** What does it mean? No hitting, no fighting, no cursing, no ugly words or actions, no bullying,
- Please ,Please follow staff instructions, it is our job to keep you SAFE!
- Stay in your assigned area → **NO WANDERING!!**
- **HAVE FUN!!!!**

Important Dates:

- **Camp Presentation: July 3rd 1:00 PM**
- **Days Off: Friday, June 19th**

By signing below, I agree that I have read and understand all rules and expectations of my child.

Parent /Guardian/Adult Signature Date