



County Commissioners of Kent County, MD Department of Parks & Recreation



2019-2020 ELEMENTARY AFTER SCHOOL PROGRAM

In an effort to make the after school registration process easier, below is a list of items that **MUST** be completed on the registration form **BEFORE** your child/children can be enrolled in the Elementary After School Program with Kent County Parks and Recreation. If one or more items are incomplete or missing, the registration forms will be returned to you. This may cause your child/children to have a delayed enrollment into program and to possibly be added to a waiting list. Please do not hesitate to contact us with any questions.

~Register *Online, In Person, or by Mail~
~Please See Important Online and Mail In Registration Information Below~
~No registration forms accepted via facsimile or email~

- _____ Parent/Guardian Signature on all lines that require a parent/guardian signature
- _____ Participant Signature on the Code of Conduct Agreement
- _____ Children age 6 and older must print or sign own name; Parent must not sign for child
- _____ Immunization Information (Must indicate if child is exempt)
- _____ Family Physician's Name and Phone Number
- _____ Medical Insurance Carrier and Group/Policy Number
- _____ Child Pick-Up Authorization (Kent County Parks and Recreation will not release a child to anyone not listed. It is the parent/guardian's responsibility to update the list)

_____ ****Automatic recurring payments (credit card or electronic check) are required to complete registration online. A nominal *payment processing fee is applied to all online payments*. A \$25 insufficient funds fee will be charged for electronic check payments that are returned unpaid by your financial institution. The \$60 monthly fee (plus payment processing fee) will be processed (7) days before the first of each month. For example, the September 2019 monthly payment will be withdrawn on August 24th. The automatic recurring payments authorization must be accepted online in order to process online registration.**

If applying for a scholarship and registering online, all required support documents must be received no less than (10) days before the upcoming month of attendance, otherwise you will be required to make the payment due for the upcoming month at the time of online registration. If approved, the scholarship will begin the following month. Failure to submit all required scholarship application support documents will delay the review/approval process. KCPR is not responsible for automatic payments that process if required support documents are not received at least (10) days before the first day of the upcoming month and the scholarship is approved. **Automatic recurring payments will not be processed for approved scholarship recipients if all required support documents are received (10) or more days before the first day of the upcoming month.**

_____ ***Scholarship Application Support Documents are required to finalize online registration and must be mailed, faxed or emailed within (3) days of completing online registration. **If less than (10) days before the first day of the upcoming month of attendance, you will be required to make the upcoming month's payment in order to registration whether online, in-person, or by mail. If less than (10) days before the first day of the upcoming month and registering in-person or by mail, unless the scholarship application and all supporting documents are completed properly at the time of registration, you will be responsible for the fee for the upcoming month of attendance. If less than (10) days before the upcoming month of attendance and applying for a scholarship, the award will be effective the following month of attendance.** The required documents are:**

- > First page only of the previous year's federal taxes (1040 form) AND (2) consecutive pay stubs for each adult parent/guardian in the household
- OR**
- > **If receiving any type of public assistance**, an original letter on letterhead from the agency verifying you receive assistance and that you are the parent or guardian of the child(ren) being enrolled

*If approved for a scholarship for the award year (September 1 - August 31) a new scholarship application is not required for programs that take place within the scholarship award period (i.e. youth basketball, tumbling, 2020 summer camp, etc.).

Thank you for your attention to and care for a smooth enrollment process. Should you have any questions or concerns about enrollment or the program in general, please feel free to call 410-778-2083 or email info@KentParksAndRec.org.

Sincerely,

Kent County Parks & Recreation

**11041 Worton Road * P.O. Box 67 * Worton, MD 21678 * 410-778-1948 * info@KentParksAndRec.org
 KentParksAndRec.org * Facebook.com/KentCountyCommunityCenter**

County Commissioners of Kent County, MD * Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 * info@KentParksAndRec.org
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Elementary After School Registration

Please note that this may be the initial registration form, and depending on the program, additional forms may be required.
Your spot will be held pending the completion of the additional forms (if applicable).

Registration Policies:

- 1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

FOR OFFICE USE ONLY
Date Received:
Time Received:
Staff Initials:

If mailing registration, please form with payment to: Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

Participant First & Last Name / Nick Name (if any):

M/F: Age: Date of Birth: Email: (very important to be able to contact you with updates - please print clearly)

Parent/Guardian Full Name (if applicable):

Parent/Guardian Full Name (if applicable):

Physical and Mailing Address:

City, State: Zip:

Home Phone: Work Phone: Cell Phone:

Emergency Contact/ Relationship: Phone Number:

Medical/Health Information

Does your child have any allergies? (If yes, please list)

Does your child take any medications? (If yes, please list)

Does your child have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)?

Does your child have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)?

Medical Insurance Carrier: Group/Policy #: Fee: \$

Make Check or Money Order payable to County Commissioners of Kent County, MD

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

Emergency Contacts * Must be provided in order to reach you during program hours.

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: Name Relationship to Child Phone Numbers

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition, I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature Date Parent/Guardian Signature (if under 18) Date

FOR OFFICE USE ONLY

Amount Paid: \$ Date: Cash/Check #: Staff Initials: Conf date:
Scholarship: Date entered in ActiveNet: Initials of Staff:
Date Withdrawal Form Received: Refund Date (if applicable): Office Manager Initials:
Amount Refunded: Date Refund Submitted to Finance Department:
If any part of the Registration Fee is retained by the Department, please explain:

PLEASE PRINT

**County Commissioners of Kent County, MD
Department of Parks & Recreation
Health History Form**

This form is required. Please type or print clearly

REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's First and Last Name: _____

This Question Applies to Kiddie, Day, and Youth In Action Participants Only

IMMUNIZATION INFORMATION

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides _____
2. Is this child exempt from any immunizations? [] No
[] Yes, List them: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides _____
2. Attach Department form DHMH-896 (record of vaccination or immunity)

Child's Physician: _____
Name Phone

Has participant experienced any of the following?

Type	Yes	No	Type	Yes	No	Type	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Behavioral Problems			If yes, explain:					
Currently taking Medicine			If yes, explain:					

Additional medical information or special conditions staff should know:

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1 Name: _____

Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: _____

Name Relationship to Child Phone Numbers

****Emergency contacts must also be listed separately on pick up Authorization Form if also authorized to pick up your child****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature

____/____/____
Date

***IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

County Commissioners of Kent County, MD
Character Counts at Department of Parks & Recreation
Conduct Code Agreement

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant expectations are designed to provide safe and enjoyable activities for ALL participants.

PARTICIPANTS SHALL:

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors. ***(Threats and or physical violence of any type WILL NOT BE TOLERATED and is grounds for immediate dismissal.)***
5. Refrain from damaging or vandalizing equipment or property.
6. Remain with his/her group and supervisor at all times. Be **responsible** and **trustworthy**.
7. Abide by the program site policies and regulations. And, display good **citizenship** at all times.

CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.
APPROVED DISCIPLINE MEASURES ARE:

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

PARTICIPANT SIGNATURE: _____
(Children ages 6 and older must print or sign own name. Parent must not complete for child.)

Parent/Guardian Signature

____/____/____
Date

Printed Name of Parent/Guardian

County Commissioners of Kent County, MD
Department of Parks & Recreation
Child Pick Up Authorization

First and Last Name of Child

Please Check Location of Afterschool Program Below:

___ GaES ___ HHGES ___ RHES

Individuals listed below are authorized to pick up my child.

Name	Relationship to Child	Phone

I understand Kent County Parks & Recreation will not release my child to anyone not listed above and **it is my responsibility to update this list** as needed.

Parent/Guardian Signature

___/___/___
Date

Printed Name of Parent/Guardian