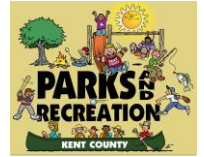




**County Commissioners of Kent County MD  
Department of Parks & Recreation  
2018 Summer Camp Registration Information**



March 19, 2018

Dear Summer Camp Parent/Guardian,

In an effort to make the summer camp registration process easier, this letter will provide you with a list of items that **MUST** be completed on the registration form **BEFORE** your child/children can be enrolled in a summer camp 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. A checklist has been provided below.

**\*\*No registration forms will be accepted before April 2<sup>nd</sup>\*\***

**\*\*No registration forms will be accepted via facsimile\*\***

**\*\*No registration forms will be accepted via 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's T-Shirt Size (Please indicate whether Child or Adult size)
- \_\_\_\_\_ Sessions your child will attend (All: 1-8 or Individual: 2,3,6,7, etc.)
- \_\_\_\_\_ 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)
- \_\_\_\_\_ Medication Authorization Form (Must be signed by the prescriber/physician for a child who currently takes medication and will need dosage(s) administered during camp hours)
- \_\_\_\_\_ Documents needed to support a Scholarship Application
  - First page of previous year's federal taxes AND (2) consecutive pay stubs for each adult parent in household **OR**
  - Verification (original letter on official letterhead) from agency that verifies you receive assistance
- \_\_\_\_\_ \$70 Non-refundable deposit to secure child's spot and will be applied to child's first session of attendance
  - If applying for a scholarship, the deposit is required. The deposit may be made in (2) installments, with a minimum of \$35 due at time of registration and the remaining deposit balance due by June 15.

Thank you for your attention and care in ensuring a smooth enrollment process. Should you have any questions or concerns about summer camp program enrollment or in general, please feel free to call us at 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org).

Sincerely,

Kent County Parks and Recreation

**2018 Summer Camp Program Dates:**

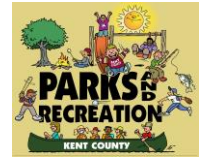
- Session 1: June 25 – June 29
- Session 2: July 2 – July 6
- Session 3: July 9 – July 13
- Session 4: July 16 – July 20
- Session 5: July 2 – July 2
- Session 6: July 30 – August 3
- Session 7: August 6 - August 10
- \*Session 8: August 13 – August 17
- \*Day Camp & Kiddie Camp Only

**Enrollment Confirmation and Scholarship Award Notifications:**

Sent within (2) weeks of receipt of registration  
(pending all documentation is in order).



**County Commissioners of Kent County MD  
Department of Parks & Recreation  
2018 Summer Camp Registration Information**



**\*\* Important Notice to Summer Camp Program Parents \*\*  
Kiddie, Day, and Youth In Action \*\* Leaders Club**

As a new year of Kent County Parks and Recreation Summer Camp fun quickly approaches, we want to ensure you are aware of our camp policies and procedures for **summer camp registration**. We hope you will find our policies and procedures information helpful.

Should you have questions before registration opens on April 2, 2018 please call 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org).

**PLEASE BE FULLY PREPARED ON REGISTRATION DAY - MONDAY, APRIL 2**

- ✓ Updated forms (with a revised 2018 date) will be available beginning March 19 at the Community Center in Worton or you may print forms from our website at <http://www.KentParksAndRec.org/publications.php>.
- ✓ Complete your child's registration forms in advance of arriving to register for a summer camp program.
- ✓ Incomplete forms will not be accepted and will delay your child's enrollment. In this case, you will be asked to exit the line (if on registration opening day) and complete forms in their entirety. You will then be required to rejoin the end of the line to await your turn.
- ✓ **REGISTRATION IS NOT ACCEPTED ONLINE or BY FAX.**
- ✓ **Registration is only accepted:**
  - ❖ *In person at the Kent County Community Center located at 11041 Worton, Rd., Worton, MD 21678*
  - ❖ *By mail to Kent County Parks & Recreation, P.O. Box 67, Worton, MD 21678*

**KIDDIE CAMP, DAY CAMP & YOUTH IN ACTION CAMP PROGRAM HOURS**

- The program will operate from 8 am – 5:30 pm, Monday – Friday.
- Extended Care before 8 am or after 5:30 pm is not available.

**REGISTRATION DEPOSIT REQUIREMENT**

- A non-refundable deposit of \$70 is required of **\*all** participants to secure your child's spot in a camp. The deposit may be paid in two installments but must be paid in full by June 15.
    - A minimum of \$35 of the deposit is required at the time of registration.
    - The remaining deposit balance (if not paid in full at registration) is due by June 15.
- \*Sibling discount is not applicable to the deposit and begins with the second session.  
\*Scholarship applicants are required to pay the deposit. If granted, the award begins the second session.
- **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**

**FEE STRUCTURE: WEEKLY / ENTIRE SUMMER PRE-PAY**

- The weekly registration fee is \$70 per child and includes all activities for the week.
  - A separate weekly trip fee will not be collected.
- The entire summer fee pre-payment option *offers a discount of \$70 (one week off)* for campers attending all sessions of camp when the balance is paid in full no later than Friday, June 15. The discount is void if the balance is not paid June 15.
  - \$490 per child for the entire (8) week program (Kiddie Camp/Day Camp)
  - \$420 per child for the entire (7) week program (Youth In Action)
    - The non-refundable deposit will be applied to the entire summer fee if not paid in full at the time of registration.
    - Refunds are not issued for any sessions not attended.

**LEADERS CLUB PROGRAM / DEPOSIT**

- The program will operate 8:30 am - 5:30 pm, Monday – Thursday at Kent County Middle School.
- After receipt of initial registration forms, additional information and forms will be mailed to you. The completed additional forms are due by the date indicated in the accompanying letter.
- A non-refundable deposit of \$50 is required of **all** participants to secure your child's spot in a camp. The deposit may be paid in two installments but must be paid in full by June 15.
  - Should a scholarship be awarded, the scholarship is applied toward the \$150 balance.
  - The remaining balance of the registration fee (if not paid in full at registration) is due by Friday June 15.
- **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**



**County Commissioners of Kent County, MD**  
**Kent County Parks and Recreation**  
**Summer Camp Additional Information Request Form**

\*This form is required. Please type or print clearly\*  
 REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: \_\_\_\_\_ Nick Name (if any): \_\_\_\_\_

Please check program your child will attend:

\_\_\_ Kiddie Camp (ages 3 1/2-5) \_\_\_ Day Camp (ages 6-10)  
 \_\_\_ \*Youth In Action (**Check** Grade Entering \_\_\_5 or \_\_\_6)

If Applicable:

Sibling Name: \_\_\_\_\_ Check Camp Sibling Attending: \_\_\_Kiddie \_\_\_Day \_\_\_YIA  
 Sibling Name: \_\_\_\_\_ Check Camp Sibling Attending: \_\_\_Kiddie \_\_\_Day \_\_\_YIA  
 Sibling Name: \_\_\_\_\_ Check Camp Sibling Attending: \_\_\_Kiddie \_\_\_Day \_\_\_YIA

T-Shirt Size: \_\_\_Child or \_\_\_Adult **Check One:** \_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

Fees: Kiddie/Day Camp/Youth In Action Camp \$70/session 1<sup>st</sup> child; \$52.50/session per additional child in same household  
 Kiddie/Day Camp Entire Summer Prepay \$490 (no additional child discount)  
 Youth In Action Entire Summer Prepay \$420 (no additional child discount)

**\*REQUIRED - Check each session(s) your child will attend under the program your child will attend:**

Sessions Please refer to cover letter for dates	Kiddie Camp Ages 3 1/2 - 5	Day Camp Ages 6 - 10	Youth In Action Entering Grade 5 or 6
Session 1			
Session 2			
Session 3			
Session 4			
Session 5			
Session 6			
Session 7			
Session 8			

**Child Pick Up Authorization**

Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
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.

I hereby give permission for my child to attend and be transported to all trips and activities sponsored by the Parks & Recreation department. In consideration of the department accepting my child in this program, I agree to release and discharge Kent County, its employees and agents, from any injuries sustained by my child as a result of participation in this program. I agree to indemnify and hold harmless Kent County, its employees and agents, against any liability incurred as a result of such injury or loss. It is understood and agreed that Kent County, its employees and agents, cannot be responsible for any aggravation or injury caused as a result of a pre-existing physical defect; including, but not limited to, allergies. The Recreation Department will be notified of any such defects or sensitivities in writing prior to enrolling in these programs. I also give my permission for my child to be photographed/videoed for the purpose of archives, program promotion or educational reasons.

\_\_\_\_\_  
 Parent/Guardian Signature  
 3/19/2018

\_\_\_/\_\_\_/\_\_\_  
 Date

## County Commissioners of Kent County, MD Department of Parks and Recreation Health History Form

\*This form is required. Please type or print clearly\*  
REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's 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 and 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