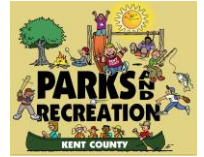




**County Commissioners of Kent County MD  
Department of Parks & Recreation  
2019 Summer Camp Registration Information**



March 8, 2019

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 1<sup>st</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
- \*If previously approved for a scholarship for the current year (September-August) a new scholarship application is not required.
- \_\_\_\_\_ \$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 14.

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

**2019 Summer Camp Program Dates:**

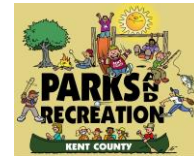
- Session 1: June 24 – June 28
- Session 2: July 1 – July 5
- Session 3: July 8 – July 12
- Session 4: July 15 – July 19
- Session 5: July 22 – July 26
- Session 6: July 29 – August 2
- Session 7: August 5 - August 9
- \*Session 8: August 12 – August 16
- \*Day Camp & Kiddie Camp Only

**Meet and Greet Summer Camp Staff at Worton Park**  
Please join us on Friday, June 21 to meet Summer Camp Staff. There will be Food Trucks (requiring purchase) beginning at 6pm followed by a FREE movie in the park beginning at dusk!

**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 2019 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 1, 2019 please call 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org).

#### **PLEASE BE FULLY PREPARED ON REGISTRATION DAY - MONDAY, APRIL 1**

- ✓ Updated forms (with a revised 2019 date) will be available beginning March 8 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 8am-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 14.
  - 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 14.
- \*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 the child attends.

#### ➤ **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 14. The discount is void if the balance is not paid June 14.
  - \$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.
- The entire summer pre-pay discount cannot be combined with a scholarship award.

#### **LEADERS CLUB PROGRAM / DEPOSIT**

- The program will operate 8:30 am - 5:30 pm, Monday – Thursday at Kent County High 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 14.
  - 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 14.

#### ➤ **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**

### **Meet and Greet Summer Camp Staff at Worton Park**

Please join us on Friday, June 21 to meet Summer Camp Staff.  
There will be Food Trucks (requiring purchase) beginning at 6pm  
followed by a FREE movie in the park beginning at dusk!

# County Commissioners of Kent County, MD

## Department of Parks & Recreation Summer Camp Registration

### \*Kiddie Camp, Day Camp, and Youth in Action\*

*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.

<b>FOR OFFICE USE ONLY</b>
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***

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

M/F:  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: \_\_\_\_\_

Do you have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)?  
 \_\_\_\_\_

Program/Class/Trip Name: \_\_\_\_\_

Session(s) (if applicable): \_\_\_\_\_

Program Location (if applicable): \_\_\_\_\_

Fee (if applicable): \$  **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.

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/video 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: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Scholarship: \_\_\_\_\_ Additional Forms Required: \_\_\_\_\_

Date Entered in ActiveNet: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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, please explain: \_\_\_\_\_

**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 ½-5) \_\_\_ 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 ½ - 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      Date



