

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 form will be returned to you. This may cause your child/children to have a delayed enrollment into program and possibly being added to a waiting list. A checklist has been provided below.

****No registration forms will be accepted before April 3rd****

****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 is due 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 the time of registration

Thank you for your attention in ensuring a smooth enrollment process. Should you have any questions or concerns about summer program enrollment or in general, please feel free to call us at 410-778-1948 or email info@KentParksAndRec.org.

Sincerely,

Kent County Parks and Recreation

**Enrollment Confirmation and Scholarship Award Notifications:
Generally sent within (2) weeks of receipt of registration (pending all documentation is in order.**

**** 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 is quickly approaching, we want to make you aware of our new camp policies that will be **effective Monday, April 3, 2017, the first day of summer camp registration**. The changes are being implemented to provide a more efficient and effective administrative operation that is beneficial to campers, parents, and staff.

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

- The program will operate from 8 am–5:30 pm each day, Monday–Friday.
- There is no longer an Extended Day option (8 am–9 am or 5 pm–5:30 pm).

NEW WEEKLY FEE STRUCTURE

- ❖ The weekly registration fee is \$70 per child and includes all activities for the week.
 - A separate weekly trip fee will not be collected.
 - A non-refundable deposit of \$70 is required of ***all participants (**including scholarship applicants)** to secure your child's spot in the camp. The deposit may be paid in two installments.
 - 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 16.
- *Sibling discount is not applicable for the deposit and begins with the second session attending.
**Scholarship applicants must also pay the deposit (even if awarded a scholarship).

THERE WILL BE NO EXCEPTIONS FOR THE NON-REFUNDABLE DEPOSIT POLICY

- ❖ Entire Summer Fee Pre-payment Discounts (Must be paid no later than Friday, June 23):
 - \$490 per child for the entire summer (Kiddie Camp/Day Camp)-\$70 savings
 - \$420 per child for the entire summer (Youth In Action) - \$70 savings
- *The non-refundable deposit paid at the time of registration will be deducted from the fee*

LEADERS CLUB PROGRAM DEPOSIT

- A non-refundable deposit of \$50 is required of all participants (including scholarship applicants) to secure your child's spot in the camp and is due at the time registration is submitted.
 - Should a scholarship be awarded, the scholarship is applied toward the \$150 balance.

PLEASE BE FULLY PREPARED ON REGISTRATION DAY-MONDAY, APRIL 3

- ✓ Please be sure to complete your child's registration forms in advance of arriving to register for summer camp.
- ✓ Updated forms will be available beginning March 17 at the Community Center in Worton or you may print forms from our website at <http://www.KentParksAndRec.org/publications.php>.
- ✓ Incomplete forms will not be accepted and will delay your child's enrollment. In this case, you will be asked to exit the line and complete forms in their entirety. You will then be required to rejoin the end of the line to await your turn.

Thank you for your attention to and understanding of the policy changes. We look forward to seeing you on Monday, April 3! Should you have any questions prior to registration day, please feel free to contact us at 410-778-1948 or email info@KentParksAndRec.org.

County Commissioners of Kent County, MD
Department of Parks and Recreation Summer Camp Registration
Kiddie Camp, Day Camp, and Youth in Action

Please note this is only the initial registration form, depending on the program you wish to register for additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable)

FOR OFFICE USE ONLY

Program Registration Policies:

1. Please complete one (1) registration form for each participant.
2. Registration must be completed in its entirety in order to be accepted.
3. Registration is accepted on a "first come" basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to three (3) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

Date Received: _____
Time Received: _____
Staff Initials: _____

Please return form to: Kent County Parks and Recreation, 11401 Worton Road, PO Box 67, Worton, MD 21678

Participants Name (First/Last):
(one form per person, program, or trip)

M/F: Age: Date of Birth: Email:
(very important! please print clearly)

Parent's or Guardian's Full Name (if applicable):

Parent's or Guardian's Full Name (if applicable):

Physical/Mailing Address:

City/State: Zip:

Home Phone: Work Phone: Cell Phone:

Emergency Contact: Phone Number:

Program/Class/Trip:

Session(s) (if applicable):

Location (if applicable):

Fee: \$

Make all Checks and Money Orders payable to County Commissioners of Kent County, MD

If you submit your registration via email or fax you will receive a confirmation that it was *received*. Payment must be received within seven (7) days after that confirmation before you will be officially registered.

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: _____ Confirm. Date: _____
Scholarship: _____ Additional Forms Required: _____
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: _____

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 (3 ½-5 years) ___ Day Camp (6-10 years)
 ___ *Youth In Action (**Check** Grade Entering ___5 or ___6)

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 1st 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	Kiddie Camp Ages 3 ½ - 5	Day Camp Ages 6 - 10	Youth In Action Entering Grade 5 & 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

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 regulations 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 means for immediate dismissal no exceptions.)***
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.

APPROVED DISCIPLINE MEASURES WILL BE:

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