



KENT COUNTY PARKS & RECREATION

SUMMER CAMP REGISTRATION

Welcome Parents! Below is a list of items that **MUST** be completed on the registration form **BEFORE** your child/children can be enrolled in the Summer Camp 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. You may **register online, in person, or by mail**. Registration forms will **NOT** be accepted via facsimile or email. Contact Michelle Morgan at 410-778-2083 or email info@KentParksAndRec.org with questions.

- A **Non-refundable** deposit is required for each child (applied to child's first session).
- Parent/Guardian Signature on all pages
- Participant Signature on the Code of Conduct Agreement
- Children age 6 and older must print or sign own name on Code of Conduct Agreement
- 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.)
- Medication Authorization Form (Must be signed by the prescriber/physician for a child who currently takes medication and will need dosage(s) self administered during camp hours)

Scholarship Applications

All materials must be provided at the time of registration in order to secure your child's spot.

- Complete Scholarship Application
- Scholarship Support Documents
- Non-refundable first week's deposit per child. Deposit is required and non-refundable regardless of scholarship status or award amount.

*If registering online, scholarship application and support documents must be submitted within three (3) days. **The required scholarship documents are:**

- First page 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.

Summer Camp Program Dates 2024

- Session 1: June 17 - June 21 (Closed June 19th)
- Session 2: June 24 - June 28
- Session 3: July 1 - July 5 (Closed July 4th)
- Session 4: July 8 - July 12
- Session 5: July 15 - July 19
- Session 6: July 22 - July 26
- Session 7: July 29 - August 2
- Session 8: August 5 - August 9

Enrollment Confirmation and Scholarship Award Notification:

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



Camp Descriptions

Kiddie Camp - Ages 3.5 - 5

Our specially designed program offers a blend of fun and learning in a safe and structured environment. From engaging indoor and outdoor activities to creative arts and crafts, swimming, storytelling, and exciting events, Kiddie Camp promises a summer filled with joy and discovery. Watch your little campers grow, make friends, and create cherished memories in this delightful summer experience designed just for them! Limited to 16 participants.

Day Camp - Ages 6 - 10

Embark on a thrilling summer journey at our Summer Day Camp, tailored for ages 6-10! Packed with exciting adventures, our program combines engaging activities, outdoor exploration, arts and crafts, sports, and special events. Led by experienced and enthusiastic staff, the Summer Day Camp promises a dynamic and enriching environment where kids can learn, play, and forge lasting friendships. Join us for a summer full of laughter, discovery, and unforgettable moments!

Youth in Action - Ages 11-12

Youth In Action caters to youth entering grades 5 - 6, offering a meticulously structured program that instills strong values, promotes character building, encourages healthy lifestyle choices, fosters nature appreciation, includes special events, and guarantees plenty of fun! Youth participants will have the opportunity to earn service-learning hours by engaging in various volunteer activities. With limited spots available (only 12 youth), this program ensures personalized attention and a close-knit community.

Leaders Club - Ages 13-15

Leaders Club, tailored for ages 13-15, is a dynamic program integrating education, service learning, and recreation. Participants delve into topics like substance abuse, conflict resolution, and job readiness through engaging sessions and exciting field trips. Earn service learning hours by contributing to projects like Adopt-A-Road cleanups and volunteering at care facilities. Blend learning with fun through recreational activities including swimming, movies, and sports. Leaders Club shapes well-rounded individuals, fostering personal growth, community service, and recreational enjoyment. Limited to 8 participants.

Online Registration

To register online, visit kentparksandrec.org.

Lunches & Snacks

Campers are required to bring two snacks and a refillable drink container daily. Lunch will be provided from Monday - Thursday. **On Fridays**, campers must pack their own non-refrigerated lunch. Please note any food allergies. Children with severe food allergies may be asked to pack their own non-refrigerated lunch daily.

Camp Hours *NEW!*

Monday - Friday

7:45a - 5:15p

Payment

We accept payment in cash, check or credit card. Make Check or Money Order payable to County Commissioners of Kent County, MD. All online payments are subject to a nominal processing fee.

Registration is 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
- Online at kentparksandrec.org

Registration Forms

Incomplete forms will not be accepted and will delay your child's enrollment. Please complete one (1) registration form for each participant along with payment.

Program Hours

Summer camp programs from 7:45a-5:15p. Extended care, before 7:45a and after 5:15p **is not available**. Parents with (3) or more early drop-offs or late pick-ups may be removed from the program.

Registration Deposit

To secure your child's spot in a camp, a non-refundable deposit of \$85 (Resident)/\$102 (Non-Resident) is mandatory for all participants. The deposit is not eligible for the sibling discount, and scholarship applicants are also required to submit the deposit. If granted, the scholarship award commences from the second session the child attends. Deposits are **NON-REFUNDABLE** with no exceptions.

Entire Summer Discount for Payment in Full

Opt for a one-week discount on the entire summer (weeks 1-8) registration by paying in full. Full payment is due at the time of registration. To take advantage of the Payment in Full discount, you must register for the **ENTIRE SUMMER** Program Registration. Refunds are not issued for unattended sessions. The entire summer pay in full discount cannot be combined with a scholarship award.

Sibling Discounts

To receive a Sibling Discount, you must enroll in the **WEEKLY** Program Registration option for each child: First child full weekly price; Each additional child in the same household will receive a 25% discount off the weekly price. Please note that Sibling Discounts and Entire Summer Registration discount cannot be combined.

Scholarship Information

When registering online, promptly submit your scholarship application and supporting documents to the Parks & Recreation office within three (3) days. Failure to provide all necessary documents may cause delays in the review process. To avoid automatic payments, submit required documents at least 10 days before the scheduled payment date, starting the Friday before the second weekly session your child is registered for. Missing this deadline will result in automatic payment processing. Scholarships are awarded for unpaid fees and are not retroactive. Unstopped automatic payments after the 10-day timeframe are non-refundable.

Refund Policy

- Deposits are non-refundable with no exceptions.
- To request a refund, parents must fill out a program withdraw form **AND** request a refund in writing.
- Withdraw and refund requests can be submitted via email at info@KentParksAndRec.org OR dropped off in person at the Kent County Community Center.
- Refunds are subject to a \$10 processing fee and may take up to two (2) weeks to process.
- We reserve the right to cancel or alter programs that do not meet registration requirements. If a program is canceled by Kent County Parks and Recreation, a full refund will be issued.
- To receive a full refund, a withdraw request form must be submitted 21 days before the start of the program, excludes the non-refundable deposit(s).
- A partial refund, excluding the non-refundable deposit(s), may be granted if submitted 10-22 days before the start of the program.
- Refunds will **NOT** be granted with less than 10 days before the start of the program

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KENT COUNTY PARKS & RECREATION

REGISTRATION FORM

HOUSEHOLD INFORMATION

PRIMARY CONTACT INFO

Parent/Guardian #1 Full Name: _____ DOB: _____ Kent County Resident Yes / No
 Address _____ City / State: _____ Zipcode: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email: _____
 Parent/Guardian #2 Full Name: _____ DOB: _____ Email: _____

Emergency Contact / Authorized Pick-up #1: Name _____ Relationship _____ Phone Number _____
 Emergency Contact / Authorized Pick-up #2: Name _____ Relationship _____ Phone Number _____

PROGRAM REGISTRATION

Participant Full Name	DOB	M/F	Shirt Size	Program Name	Fee	Accommodations
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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 County Commissioners of Kent County, its 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 County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. 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.

PRINT NAME: Participant or Parent/Guardian _____ **Signature** _____ **Date** _____

Accommodations: Please indicate if the participant requires accommodations for any medical or behavioral conditions, medications, allergies, dietary restrictions or other needs.

SESSION ENROLLMENT - SUMMER 2024

Participant First & Last Name / Nickname (if any)

M/F Age Date of Birth Entering Grade

Program (please select one)

KIDDIE CAMP DAY CAMP YOUTH IN ACTION LEADERS CLUB

Summer Camp Weekly Fees 2024

Camp	Kent County Residents	Non-Residents
Kiddie Camp	\$85	\$102
Day Camp	\$85	\$102
Youth in Action	\$85	\$102
Leaders Club	\$50	\$60

Enrollment Weeks (Please check all that apply)

- SESSION 1: JUNE 17 - JUNE 21 (CLOSED JUNE 19TH)
- SESSION 5: JULY 15 - JULY 19
- SESSION 2: JUNE 24 - JUNE 28
- SESSION 6: JULY 22 - JULY 26
- SESSION 3: JULY 1 - JULY 5 (CLOSED JULY 4TH)
- SESSION 7: JULY 29 - AUGUST 2
- SESSION 4: JULY 8 - JULY 12
- SESSION 8: AUGUST 5 - AUGUST 9

Payment (Please select one)

WEEKLY PAYMENT PLAN ENTIRE SUMMER PAY IN FULL

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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

FOR OFFICE USE ONLY

Amount Paid: \$ _____ Date: _____ Cash/Check #: _____ Conf Date: _____
 Scholarship: _____ Date Entered in ActiveNet: _____ Staff Initials: _____

Date Withdrawal Form Received: _____ Refund Date (if applicable): _____
 Administrative Specialist II Initials: _____
 Amount Refunded: _____ Date Refund Submitted to Finance Department: _____

If any part of the Registration Fee is retained by the Department, please explain:

SUNSCREEN POLICY & PERMISSION

In compliance with the Maryland State Department of Health and Mental Hygiene, Kent County Parks and Recreation Summer Camp will adhere to the below guidelines regarding the application of sunscreen at camp.

1. Parent should apply sunscreen prior to child's arrival at camp each day.
2. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff **ONLY** if specifically authorized (see below).
3. If child requires assistance in re-applying sunscreen, parent must provide permission by completing and signing the form below.
4. Sunscreen will be stored in child's backpack.
5. Campers will be reminded and/or assisted throughout the day to re-apply sunscreen.
6. Parents must monitor for empty sunscreen containers and a replacement should be sent back with the child on the next day of camp.
7. Kent County Parks and Recreation will **NOT** provide sunscreen.

Participant First & Last Name / Nickname (if any)

Date of Birth

Sunscreen Allergies or Sensitivities

Sunscreen Brand Provided

_____ I **DO** GIVE permission for Kent County Parks and Recreation Staff to assist with sunscreen application.

_____ I **NO NOT** give permission for Kent County Parks and Recreation Staff to assist with sunscreen application.

Please provide any notes on sunscreen application for your child

I acknowledge that I have read and understood the Sunscreen Policy & Permission Form. I agree to ensure that my child is equipped with sunscreen before arriving at camp. If I have granted permission for my child to re-apply sunscreen during camp hours, I will provide a suitable sunscreen product that they can apply independently. In cases where my child requires assistance with re-application, I have authorized camp staff to apply the sunscreen on their behalf.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

HEALTH HISTORY

Participant First & Last Name _____ Date of Birth _____

Child's Physician _____ Medical Insurance Carrier _____

Physician Phone _____ Group/Policy # _____

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.								
Does your child require any special accommodations? If yes, explain:								

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for treatment: I hereby give permission to certified/licensed medical personnel 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 attending physician to secure and administer treatment, including hospitalization, for my child as named above. IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

IMMUNIZATION INFORMATION

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

1. What State/territory does the child reside: _____
2. Is this child exempt from any immunizations? [] No [] Yes

If yes, please list: _____

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

1. What Country does the child reside: _____
2. Attach Department form DHMH-896 (record of vaccination or immunity)

CHILD PICK UP AUTHORIZATION

Participant First & Last Name / Nickname (if any)

_____ **Date of Birth** _____

Individuals listed below are authorized to pick up my child.

Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____
Name	_____	Relationship to Child	_____	Phone Number	_____

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** _____

Parent/Guardian Printed Name _____



CHARACTER COUNTS

CODE OF CONDUCT 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 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 _____ **Date** _____

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

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

