



New Kent County Parks and Recreation
PARTICIPANT INFORMATION SHEET-Before/After School & Summer Camp

Forms must be filled out completely. No line may be left blank
Please list N/A for a line that's non-applicable or doesn't apply to you

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age _____ Grade Level _____ School: _____

Program Start Date _____ Program Ending Date _____

Which site will your child attend for summer camp _____

Mother's Name: _____ Employed at _____ Work phone _____
(or guardian)

Address _____ Home Phone _____

Father's Name _____ Employed at _____ Workphone _____

Address (if different) _____ Home Phone _____

Other numbers: _____

(Cellular phones, pagers, etc.)

Name of person(s) or agency having legal custody of child _____

Address(if different) _____ Home Phone _____

Business Address (if different) _____ Work Phone _____

List two contacts if parent(s) cannot be reached: (must include house #, street name, city, state, and zip code)

1. Name: _____ Phone: _____
Address _____

2. Name: _____ Phone: _____
Address _____

Person(s) authorized to pick up child _____

Person(s) NOT authorized to pick up child _____

Special Needs: _____

Medical Conditions/Medications/Allergies: _____

List any medications that your child will be taking during the program _____

Child's Physician: _____ Phone: _____

Hobbies/Interests: _____

Do you want staff to encourage homework time with your child? _____

Helpful Hints for staff: _____

Staff Notations (office use only)

Child's Name _____ Summer Site _____



School Year Site _____

Agreement I: In case of emergency, the New Kent County Parks and Recreation has my (parent or guardian) permission to call my Family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid to your child. In addition the staff is authorized to administer emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well being of my child. Additionally, I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. If my child is on medication for more than a 10-day period I will provide New Kent County Parks and Recreation with a letter from the child's physician. **INITIAL** _____

Agreement II: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the New Kent County Parks and Recreation Before and After School and Summer Camp Program and do hereby release New Kent County, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child. **INITIAL** _____

Agreement III: New Kent County Parks and Recreation Before and After School and Summer Camps will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. **INITIAL** _____

Agreement IV: I (parent or guardian) give permission for my child to attend any field trips while in the New Kent County Parks And Recreation Before and After School and Summer Camp Programs. I (parent or guardian) give permission for my child to be transported by New Kent County Recreation staff who are duly licensed drivers **INITIAL** _____

Agreement V: I (parent or guardian) give my child permission to participate in swimming activities conducted at the New Kent Parks and Recreation field trips and swim days. I (parent or guardian) authorize the use of sunscreen when needed. **INITIAL** _____

Agreement VI: I (parent or guardian) agree to allow photographic images of myself and or my children to be taken in the Parks And Recreation Before and After School and Summer Camp Programs to be used for promotional purposes by the New Kent County Parks and Recreation. **INITIAL** _____

Agreement VII: I (parent or guardian) will read the Parent Handbook and agree to adhere to the New Kent County Parks And Recreation Before and After School and Summer Camp Program rules and procedures to ensure the health and safety of my child and other children participating in the program. **INITIAL** _____

Parent or Guardian Signature: _____ **Date:** _____

Office use

Received by: _____ **Date:** _____



Dear Parents:

New Kent County Parks and Recreation is excited to be offering our Summer Recreation Day Camp for the 9th year! Our theme for this summer is "Summer of Celebrations". Please review the following registration information.

- **Registration** is due by June 1, 2010.
- Applications are taken on a first come first served basis. Space is limited
- All applications must be either mailed to New Kent County Parks and Recreation, P.O. Box 50 New Kent Virginia 23124 or dropped off at our office 12007 Courthouse Circle, New Kent VA 23124 during business hours from 8:00 am- 4:30 pm.
- All parents are required to fill complete a registration form, an agreement form, and include a non-refundable \$12 check or money order. Cash and credit will only be accepted at our office. Checks can be made payable to The County of New Kent.
- **Any application packets that are not complete will be returned and a space in the program will not be guaranteed.**

General Program Information:

Summer Camp Programs 2010

- Location: New Kent Elementary School and George Watkins Elementary School
- Dates: Monday July 5th- Friday August 27, 2010
- Hours of operation: 8:00 a.m. - 6:00 p.m.
- Weekly Fees: \$85 per Week/ \$80 Additional Child *NK Resident
\$90 per Week/ \$85 Additional Child *Non Resident

Before and After School 2010-2011

- Location: New Kent Elementary School and George Watkins Elementary School
- Dates: Tuesday September 7, 2010-end of school year. **Subject to change based on NK School Calendar**
- Hours of Operation: Before School Program: 7 a.m. to school start; After School Programs: School Dismissal until 6:00 p.m.
- Weekly Fees: Before School: \$30, After School: \$40, Before and After School: \$60. 10-visit coupon book \$100. (***fees subject to change**)

For more information please call us at 804-966-8502.

Sincerely,

Jason Baldwin
Youth Program Coordinator