

TEEN SUMMER CAMP

with Parks and Recreation

JULY 18 - AUGUST 17, 2023

TUESDAYS & THURSDAYS 9 AM - 3 PM

RISING 6TH GRADE THROUGH RISING 9TH GRADE

Participant Registration Packet

Teen Summer Recreation Day Camp

Participant Registration Packet



Dear Parents / or Guardians:

New Kent County Parks and Recreation is excited to offer a Teen Summer Recreation Day Camp! Please review the following information:

- Registration opens to the public Wednesday, March 29, 2023 at 9:00am – please register online Teen Summer Camp, \$25.00.
- Applications are taken on a first come first served basis. Space is limited.
- All Participant Registration Packets must be mailed to New Kent County Parks and Recreation, P.O. Box 150, New Kent, Virginia 23124 or dropped off at our office 11809 New Kent Hwy., Ste. 4, New Kent, Virginia 23124 during business hours from 8:00 am – 4:30 pm, Monday – Friday. You may register online for weekly fees, but the registration form must be mailed or delivered in person, please call the office if you need to make other arrangements.
- All parents/or guardians are required to complete Teen Summer Camp Registration Packet (i.e., participant information form, late pick up policy, behavior policy and agreement form, medication authorization forms if applicable and include a non-refundable \$25.00 registration fee; checks can be made payable to the County of New Kent or pay online.
- Any application packets that are incomplete will be returned and a space in the program **will not be guaranteed.**

General Program Information:

Teen Summer Camp Program 2023

- Location: New Kent Parks & Recreation Classroom, Suite 2 (NKPR)
- Dates: July 18th – August 17th
- Hours of operation: Tuesday and Thursday 9:00am – 3:00pm *Early drop off & late pick up is available
- Fees: \$55 Resident (Additional child \$45)/\$65 Non-Resident (Additional child \$55)
Additional fees may apply for field trips.

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

Sincerely,

Hayley Ashford

Child Recreation Specialist

heashford@newkent-va.us

Kimberly Turner, CPRP, CTRS

Director of New Kent Parks and Recreation

kturner@newkent-va.us



Please check program:
 NKPR (rising 6th – rising 9th)

New Kent County Parks and Recreation
PARTICIPANT INFORMATION FORM
TEEN SUMMER CAMP 2023

Forms must be filled out completely. No line may be left blank. Please indicate N/A or, SAA for “same as above”

Child’s Name: _____ Nickname: _____ Gender: M F Non-Binary

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

Primary Parent/Guardian: _____ Employed at: _____ Work Phone: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Secondary Parent/Guardian: _____ Employed at: _____ Work Phone: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Address: _____ Home Phone: _____

Agency Address: _____ Work Phone: _____

List two contacts if parent(s) cannot be reached (both must be local and within a 25 mile radius)

Contact Name 1: _____ Phone: _____

Address: _____

Contact Name 2: _____ Phone: _____

Address: _____

Person(s) authorized to pick up child (other than parents): _____

Person(s) NOT authorized to pick up child: _____

Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child.

Child's Name: _____

Health/Medical

Is your child up to date on immunizations? YES NO Notes: _____

Child's Physician: _____ Phone: _____

Preferred Hospital if Medical Attention Needed: _____

Does your child have any allergies? YES NO If yes, what _____

Are any of your child's allergies severe or life threatening? YES NO If yes, we will need an Allergy Action Plan from your child's physician. We will need a Medication Administration Authorization Form for any Epi-pens, etc.

Does your child have a chronic illness? YES NO If yes, what type? _____

List any medications that your child will need administered during the program: _____

A Medication Administration Authorization Form is required and must be signed by your child's physician before attendance.

Please list any other medical conditions or medications given outside of the program (for emergency use only): _____

Does your child need any modifications or assistance due to a disability to participate in the program? YES NO
If yes, please list and contact NKPR to initiate a Therapeutic Recreation Assessment. Accommodations or assistance may not be available immediately if additional staff is required. Please notify NKPR early to initiate the process.

List any previously attended child-care centers/programs: _____

Helpful Hints for Staff: _____

Please indicate child's interest areas: Sports Arts & Crafts Outdoors Reading Board Games
Singing/Acting Science/STEM

Other Hobbies/Interests: _____

Is there any other information you would like to share with staff? _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Child's Name _____

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 my family physician or I cannot be reached. The staff is authorized to administer first aid to my 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 wellbeing 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 any medication, 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 Teen 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 Teen Summer Camp staff 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/guardian) give permission for my child to attend any field trips while in the New Kent County Parks and Recreation Teen Summer Camp Program. I (parent or guardian) give permission for my child to be transported by New Kent County Recreation staff who are duly licensed drivers/or NKCPs Transportation. *Field trips pending*

INITIAL _____

Agreement V: I (parent/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/guardian) authorize the use of sunscreen when needed. *Pool days pending*

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 Teen 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 Teen 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 only – Received by: _____ **Date:** _____

New Kent Parks and Recreation Late Parent Pick Up Policy

Late Pickup Policy

If a child is picked up after 5:30 pm, the parent will be asked to sign and date a "Late Pick Up" form. A late fee of \$5.00 is charged for the first five minutes and \$1.00 for each additional minute after 5:35 pm. This payment must be made with your next payment. Money will not be accepted on site.

Please read the below late pick up penalty and sign stating that you have read and understood the policy in place.

Late pick up penalty:

1st time: Late pick up form signed – it's a freebie

2nd time: Late pick up form signed; verbal warning from site supervisor – fee charged

3rd time: Late pick up form signed; conference with site supervisor – fee charged

4th time: Late pick up form signed; one-week suspension from the program; conference with site supervisor and program coordinator – fee charged

5th time: Late pick up form signed; termination from the program – fee charged; termination reviewed by Parks and Recreation Administration

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

New Kent Parks and Recreation

Behavior Management Program

A child's participation in the program depends upon his or her behavior. To ensure each child is able to enjoy the planned activities and to benefit from their experiences in our programs, we require that parents/guardians:

- Ensure that both you and your child are aware of and understand the behavior expected
- Be aware that you may be contacted by phone, in writing, or through parent/staff conferences if you child continues to need behavior management
- Understand that discipline techniques and consequences may be progressive
- NK Parks and Recreation reserves the right to call parents/guardians to come and pick up their child if the child is having difficulty functioning cooperatively with others, is unable to participate in group exercises, or is a threat to the safety of themselves or others.

Behavior Consequences

VIOLATION	1 st Offense	2 nd Offense	3 rd Offense
Disruptive Behavior Horseplay, profanity, refusal to follow policies and adult authority, attempted abuse of equipment, other behaviors identified by staff	-Verbal Warning -Parent notification -Behavior modification	-Parent meeting -Up to 3 days suspension	Mandatory Expulsion
Verbal Threat	-Parent notification -Behavior modification	-1 week suspension -Parent meeting	Mandatory Expulsion
Harassment, Hate Crimes	-Parent notification -Behavior modification	-1 week suspension -Parent meeting	Mandatory Expulsion
Vandalism of Property	-Parent notification -Behavior modification	-1 week suspension -Parent meeting	Mandatory Expulsion
Fighting Physical altercation, throwing a punch, throwing someone to the floor	-3 day suspension -Parent notification -Behavior modification	-1 week suspension -Parent meeting	Mandatory Expulsion

Behavior management consequences may be reviewed on a case by case basis as determined by staff. Depending on the violation/behavior the consequence may be immediate suspension/expulsion.

Forms of Behavior Management Used

Redirection * Timeout * Alternative Behavior Management Techniques discussed and approved by supervisor/parent
 Use of Sticker / clip reward system * Other, as discussed with Parent/Guardian

I have reviewed the behavior management program with my child(ren),
 Child(ren) Names:

 Parent/Guardian Signature

 Print Parent/Guardian Name

 Date

I understand if I have any questions, I will contact NKPR staff



Teen Summer Camp 2023 Waiver of Understanding

I understand that New Kent Parks and Recreation is planning to operate a Teen Summer Camp Program at New Kent Parks & Recreation classroom (NKPR). I understand that I can register my child(ren) for the program, but Parks and Recreation will not operate the program until the minimum staff requirements are met. I also understand that program operations may be temporarily or permanently suspended at any time. I understand that this is an industry-wide challenge and I will make alternative plans in the case of delayed or suspended operations.

Child's Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Print: _____

Date: _____



New Kent Parks and Recreation

2023 Teen Summer Camp Commitment

New Kent Parks and Recreation is a recreation-based, summer camp program. We understand that you may have vacations or other camps planned for your child. In order to plan and provide a quality program we need you to commit to the weeks your child plans to attend. We ask that you review your 2023 summer plans and return this form with the Participant Registration Packet. **You may make changes up until June 2, 2023. After that you are financially responsible for the weeks you indicated.** Please note: You do not need to pay for the weeks you indicated your child will not be attending prior to June 2, 2023. We offer a weekly payment option (due the Thursday before the week your child will attend).

Participant(s) Name(s): _____

Camp Location: NKPR classroom

Camp Weeks (please check):

- July 18 - July 20
- July 25 – July 27
- Aug 1 – Aug 3
- Aug 8 – Aug 10
- Aug 15 – Aug 17

Parent Signature: _____

Date: _____

Print Name: _____

Junior Volunteer Program

Guidelines

New Kent Parks and Recreation’s Junior Volunteer Program is available only at the Parks and Recreation campsite from 7:30 am – 9:00 am and 3:00 pm – 5:30 pm. This program is available for families who cannot make the 9:00 am start time and 3:00 pm end time for the Teen Summer Camp. If your child opts to become a junior volunteer, the early drop-off and late pick-up do not come at an additional cost. Please note that it is not required for your child to volunteer for both times.

This program provides an opportunity for rising 6th graders – rising 9th graders to learn and exercise their leadership skills. Junior volunteers will be paired with a Parks and Rec summer camp counselor and perform minimal duties. Junior volunteers will need to be in good standing with Parks and Recreation and obey NKPR’s Behavior Management Program. Placement is determined by the discretion of Hayley Ashford, Youth Recreation Specialist, and Kim Turner, Director of New Kent Parks and Recreation.

- I understand that a junior volunteer is not a participant in New Kent Parks and Recreation Summer Camp from 7:30 am – 9:00 am and 3:00 pm – 5:30 pm and are there to help Parks and Rec staff with job duties.
- I understand that volunteers are not permitted to provide medical care of any kind or be left alone with campers.
- I understand that New Kent Parks and Recreation Director and Youth Recreation Specialist can remove participants from the volunteer program if guidelines are not followed.

Child’s Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Print: _____

Date: _____