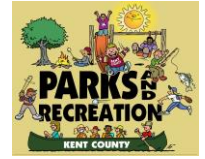




**County Commissioners of Kent County, MD  
 Department of Parks & Recreation  
 2023 Summer Camp Registration Information  
 Kiddie Camp, Day Camp & Youth In Action Camp**



February 1, 2023

Dear Summer Camp Parent/Guardian,

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 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 ages 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 - **A Priority Partners Insurance Card is not acceptable verification.**
- \*If previously approved for a scholarship for the current year (September-August) a new scholarship application is not required.
- \$85 (Resident) / \$102 (Non-Resident) Non-refundable deposit to secure child's spot and will be applied to child's first session.
  - If applying for a scholarship, the deposit is required. The deposit may be made in (2) installments, with a minimum of \$42.50 (Resident) / \$51(Non-Resident) due at time of registration and the remaining deposit balance due by June 9.

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

**2023 Summer Camp Program Dates:**

- Session 1: June 20 – June 23
- Session 2: June 26 – June 30
- Session 3: July 3 – July 7 (Closed July 4<sup>th</sup>)
- Session 4: July 10 – July 14
- Session 5: July 17 – July 21
- Session 6: July 24 – July 28
- Session 7: July 31 - August 4
- Session 8: August 7 – August 11

**Enrollment Confirmation and Scholarship Award Notification:**  
 Sent within (2) weeks of receipt of registration  
 (Pending all documentation is in order).

## ~Kent County Parks & Recreation 2023 Summer Camps~

~Registration Accepted Beginning February 1 ~ \* ~Register Online, In Person or Mail In~

### **Kiddie Camp, Day Camp and Youth In Action - Additional Information**

**\*Online Registration** - Automatic recurring weekly payments are required to complete online registration for the Kiddie Camp, Day Camp or Youth In Action Weekly Session Registration option. All online payments (credit card and electronic check) are subject to a nominal processing fee. **If applying for a scholarship and registering online**, all required support documents **must be received no less than (10) days before the upcoming week of attendance**, otherwise you will be required to make the payment due for the upcoming week each Sunday before each session of camp. If approved, the scholarship will begin the following week. Failure to submit all required scholarship application support documents will delay the review/approval process. KCPR is not responsible for automatic online payments that process if the required support documents are not received at least (10) days before the Sunday of the upcoming week and the scholarship is approved. **Automatic recurring payments will not be processed for approved scholarship recipients if all required support documents are received (10) or more days before the applicable Sunday before the second session of camp for which the child is registered to attend.**

**To register online visit <https://apm.activecommunities.com/kentparksandrec/Home>**. You will be required to create an account if you do not already have one (if **you have never registered online for a KCPR program before; please do not create a new account! If you need assistance with resetting your password, please contact the KCPR office**). From there, follow the easy steps to register for a program.

**Which Program to Enroll in Online (**Entire Summer Registration or Weekly Session Registration**)?** - If you pay the entire summer fee in advance to receive a one week discount **and** you are registering online, please enroll in the **program name listed that includes “Entire Summer Registration” behind the program name** and **NOT THE PROGRAM NAME “Weekly Session Registration” behind the name of the program.**

\*(Kiddie Camp, Day Camp or Youth In Action) Entire Summer Registration option - Pay for 7 weeks and receive 1 week FREE). Entire Summer Registration = \$85 (Resident)/\$102 (Non-Resident) savings based on weekly payment option.

**\*To receive the (Weekly) Sibling Discount option, you must enroll in the Kiddie Camp, Day Camp or Youth In Action Weekly Session 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.

\*Sibling Discounts and \*(Kiddie Camp, Day Camp or Youth In Action) Entire Summer Registration cannot be combined.

**Kiddie Camp** - This activity-oriented summer program is designed specifically for children ages 3 ½ - 5, allowing for growth, learning and fun in a structured setting. Individual and group play as well as creativity are emphasized. Indoor and outdoor games, arts and crafts, swimming, storytelling, movies, songs, special events and events are included. Two snacks and drinks are provided each day. Lunch is provided Monday - Thursday. Campers must bring a non-refrigerated lunch each Friday. This program is limited to 18 children. Children **must be toilet trained**. The camp is an eight-week full day program. Fees are based on full day, weekly attendance.

**Day Camp** - This traditional day camp introduces children ages 6 - 10 to a healthy and fit lifestyle, socialization skills, nature appreciation, cultural diversity, and challenging individual and group activities. There will be weekly special activities, swimming, arts and crafts, movies, special events and much more. Campers must bring two snacks and a refillable drink container each day. Lunch is provided Monday - Thursday. Campers must bring a non-refrigerated lunch each Friday. The camp is an eight-week full day program. Fees are based on full day, weekly attendance.

**Youth In Action** - Youth entering grades 5 - 6 will participate in a highly structured program that promotes strong values, character building, healthy lifestyle choices, nature appreciation, educational activities, special events and fun! Youth will earn service-learning hours through participation in various volunteer activities. Campers must bring two snacks and a refillable drink container each day. Lunch is provided Monday - Thursday. Campers must bring a non-refrigerated lunch each Friday. The camp is an eight-week full day program. Fees are based on full day, weekly attendance.

**Financial Assistance / Scholarship Information** - If applying for a scholarship (if your child/household has not already been awarded a scholarship for the current award year: September 1 - August 31), all required support documents must be submitted to the Parks & Recreation office immediately (within three days if registering online). If the required support documents are not submitted in time to stop any applicable \*automatic scheduled payment (a minimum of 10 days before the scheduled payment date is required) beginning the Sunday before the second weekly session your child is registered to attend, the automatic payment will be withdrawn. **Scholarships are awarded for fees that have not already been paid and are not retroactive to apply prior to the award’s approval. Automatic payments not stopped by the required 10 day in advance requirement will not be refunded.**



**County Commissioners of Kent County MD  
Department of Parks & Recreation  
2023 Registration Information**



**\*\* Important Notice to Summer Camp Program Parents \*\*  
Kiddie Camp, Day Camp, Youth In Action**

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 February 1, 2023, please call 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org).

**PLEASE BE FULLY PREPARED TO REGISTER**

- ✓ Updated forms (with a revised 2023 date) will be available beginning February 1 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*
  - ❖ *Online at <https://apm.activecommunities.com/kentparksandrec/Home>*

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

- The program will operate from 8 am-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 \$85(Resident)/\$102(Non-Resident) 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 9.
  - A minimum of \$42.50(Resident)/ \$51(Non-Resident) 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 9.
- \*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 \$85 (Resident)/ \$102(Non-Resident) per child and includes all activities for the week.
- The entire summer fee pre-payment option *offers a discount of \$85(Resident)/ \$102 (Non-Resident) (one week off)* for campers attending all sessions of camp when the balance is paid in full no later than Friday, June 16. **The discount is void if the balance is not paid by June 16.**
  - \$595 (Resident)/ \$714 (Non-Resident) per child for the entire (8) week program (Kiddie Camp/Day Camp/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.

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County Commissioners of Kent County, MD \* Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 \* info@KentParksAndRec.org

KentParksAndRec.org \* Facebook.com/KentCountyCommunityCenter \* Facebook.com/KentParksAndRecMD

\*Kiddie Camp, Day Camp & Youth In Action Camp Registration

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 https://apm.activecommunities.com/kentparksandrec/Home# 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.

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_
Time Received: \_\_\_\_\_
Staff Initials: \_\_\_\_\_

If mailing registration, please mail form with payment to Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

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

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: \_\_\_\_\_

Kent County Resident: [ Yes / No ] City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\* (Must be Answered; Will be Verified) \*\*\*\*\*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical/Health Information
Does the participant have any allergies? (If yes, please list) \_\_\_\_\_

Does the participant take any medications? (If yes, please list) \_\_\_\_\_

Does the participant have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)? \_\_\_\_\_

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

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Fee: \$ [ ] 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.

Emergency Contacts \* Must be provided to reach during program hours if needed.

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: \_\_\_\_\_
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: \_\_\_\_\_
Name Relationship to Child Phone Numbers

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and I 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.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Conf Date: \_\_\_\_\_

Scholarship: \_\_\_\_\_ 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: \_\_\_\_\_

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**County Commissioners of Kent County, MD**  
**Kent County Parks & 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:** \$85/session 1<sup>st</sup> child; \$63.75/session per additional child in same household  
 Entire Summer Prepay: \$595 (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

# County Commissioners of Kent County, MD

## Department of Parks & 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 & Youth In Action Camps

#### 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

**\*\*If applicable, Emergency Contacts must also be listed separately on the Pickup 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 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.

\_\_\_\_\_  
 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 always exhibit appropriate behavior 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. Always remain with his/her group and supervisor. Be **responsible** and **trustworthy**.
7. Abide by the program site policies and regulations. And always display good citizenship.

**CONDUCT REPORTS WILL BE ISSUED WHEN VERY 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: \_\_\_\_\_  
(Children ages 6 and older must print or sign own name. Parent must not complete for child.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date