

# KENT COUNTY PARKS & RECREATION

P.O. Box 67 \* Worton, MD 21678

410-778-1986/1948

## ELEMENTARY AFTER SCHOOL REGISTRATION

Complete All Pages (4 total) & return in person or mail to:

Kent County Parks & Recreation, 10932 Worton Rd, P.O. Box 67, Worton, MD 21678

### PROGRAM / SCHOOL LOCATION

(Check One):  HHGES  WES  MES  RHES

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: Male OR Female Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Sibling (s) attending program: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Other Number/Cell Where Parent Can be Reached During Program Hours: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

#### **EMERGENCY CONTACTS OTHER THAN PARENT(S) LISTED ABOVE: MUST BE COMPLETED**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

### RELEASE AND WAIVER

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 this program. I also give my permission to have my child photographed or video taped for the purpose of archives, program promotion or educational reasons only.

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

Date \_\_\_\_\_

\*\*\*\*\*KCP&R STAFF USE ONLY\*\*\*\*\*

Scholarship: Y / N Approved By: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Note: \_\_\_\_\_

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# KENT COUNTY OF PARKS & RECREATION HEALTH HISTORY FORM

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Gender: Male or Female

School Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_  
Name Phone

DATE of Last Physical Exam: \_\_\_\_\_ DATE OF LAST TETANUS VACCINE: \_\_\_\_\_  
(Must be completed- (Date only is needed) (Must be completed- (Date only is needed)

**Has your child experienced any of the following?**

	Yes	No		Yes	No
1) Eating disorder	___	___	14) Allergies	___	___
2) Sleeping disorder	___	___	If yes, explain: _____		
3) Posture problems	___	___	15) Illness/Disability	___	___
4) Dental problems	___	___	If yes, explain: _____		
5) Skin problems	___	___	16) Behavioral problems	___	___
6) Menstruation problems	___	___	If yes, explain: _____		
7) Bowel/bladder disorder	___	___	17) Currently taking medicine	___	___
8) Eye problems	___	___	If yes, explain: _____		
9) Wear glasses or contact lenses	___	___	<b>Additional medical information or special conditions staff should know:</b>		
10) Hearing difficulties-uses aid	___	___	_____		
11) Frequent earaches	___	___	_____		
12) Speech problems	___	___	_____		

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

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Parent Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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 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

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**CHARACTER COUNTS**  
at  
**KENT COUNTY PARKS & 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, a spectator, 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 B 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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**KENT COUNTY OF PARKS & RECREATION  
ELEMENTARY AFTER SCHOOL PROGRAM**

**Child Pick Up Authorization**

\_\_\_\_\_  
Please Print Name of Child

**Please check the elementary school your child attends:**

\_\_\_HHGES \_\_\_MES \_\_\_RHES \_\_\_WES

Individuals listed below are authorized to pick up my child from the program.

Name	Relationship to Child	Phone

I understand Kent County Parks & Recreation will not release my child to anyone not listed above.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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