



KENT COUNTY PARKS & RECREATION

— 2023-2024 ELEMENTARY AFTER SCHOOL PROGRAM

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 Elementary After School 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. 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.

- _____ 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 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)

_____ Automatic recurring payments (credit card or electronic check) are required to complete registration online. A nominal payment processing fee is applied to all online payments. A \$25 insufficient funds fee will be charged for electronic check payments that are returned unpaid by your financial institution. The \$75 (after school) & \$60 (before school) monthly fee (plus payment processing fee) will be processed (7) days before the first of each month. For example, the September payment will be withdrawn on August 25th. The automatic recurring payments authorization must be accepted online in order to process online registration.

_____ Scholarship Application Support Documents are required to finalize online registration and must be mailed, faxed or emailed within (3) days of completing online registration. If less than (10) days before the first day of the upcoming month of attendance, you will be required to make the upcoming month's payment in order to register whether online, in-person, or by mail. If less than (10) days before the first day of the upcoming month and registering in-person or by mail, unless the scholarship application and all supporting documents are completed properly at the time of registration, you will be responsible for the fee for the upcoming month of attendance. If less than (10) days before the upcoming month of attendance and applying for a scholarship, the award will be effective the following month of attendance. **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 (i.e. youth basketball, Summer Rec Club, youth wrestling, 2024 summer camp, etc.).



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Registration Policies

- Please complete one (1) registration form for each participant along with payment, or for a nominal fee, register online at KentParksAndRec.org or in person at the Kent County Community Center.
- Registration must be completed in its entirety to be accepted.
- Registration fee must accompany registration form to secure spot.
- For scholarship applications, a fully completed application and all supporting documents must accompany registration form.
- Registration is accepted on a first come first served basis.
- Refunds for all programs are subject to a \$5 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
- Mailing Address: 11041 Worton Rd, P.O. Box 67, Worton, MD 21678, Make Check or Money Order payable to County Commissioners of Kent County, MD

REGISTRATION FORM

Participant First & Last Name / Nickname (if any)

School Location (Please check all that apply)

GALENA
(AFTER CARE)

ROCK HALL
(AFTER CARE)

M/F

Age

Date of Birth

GARNET
(AFTER CARE)

Parent/Guardian Full Name

Parent/Guardian Full Name

Address

City / State

Zipcode

Kent County Resident Yes / No

Home Phone

Work Phone

Email 1

Cell Phone

Email 2

Emergency Contacts: Please list two (2) persons, other than the parent/guardian

Emergency Contact #1: Name

Relationship to Child

Phone Number

Emergency Contact #2: Name

Relationship to Child

Phone Number

*Please make sure emergency contacts are also listed on approved pick up list (if applicable)

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

Date Received _____

Time Received _____

Staff Initials _____

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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.

Parent/Guardian Signature _____ Date _____

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. Yes / No

Parent/Guardian Signature _____ Date _____

FEE INFORMATION - 2023-2024 SCHOOL YEAR

Program enrollment (Please check all that apply)

AFTER CARE
\$75 PER MONTH

FEE TOTAL (PER MONTH)

Enrollment Months (Please check all that apply)

SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

Parent/Guardian Signature _____ Date _____

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): _____

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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HEALTH HISTORY FORM

Participant First & Last Name / Nickname (if any)

Date of Birth

Child's Physician

Medical Insurance Carrier

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 _____

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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 _____

(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 _____

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CHILD PICK UP AUTHORIZATION

Participant First & Last Name / Nickname (if any)

School Location (Please check all that apply)

- GALENA (AFTER CARE) ROCK HALL (AFTER CARE)
 GARNET (AFTER CARE)

M/F Age Date of Birth

Individuals listed below are authorized to pick up my child.

Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone Number	<input type="text"/>

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 _____