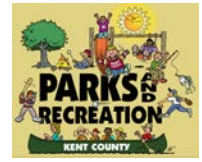




**County Commissioners of Kent County MD
Department of Parks & Recreation
2021 Leaders Club Registration Information**



May 10, 2021

Dear Leaders Club Summer Camp Parent/Guardian,

In an effort 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
- _____ 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)
- _____ 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)
- _____ Due to the limited number of children served, program enrollment will be competitive and requires being accepted into the program. A 500-word essay, written by the child and explaining why they would like to participate in the program. Commitment to attendance is required and **MUST BE SUBMITTED WITH THE COMPLETED REGISTRATION PACKET** for consideration of acceptance.
- _____ *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 Non-refundable deposit to secure child's spot in Leaders Club
 - If applying for a scholarship, the deposit is required. The deposit may be made in (2) installments, with a minimum of \$42.50 due at time of registration and the remaining deposit balance due by June 11.

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.

Sincerely,
Kent County Parks and Recreation

2021 Leaders Club Program:
June 28 - August 19 (8 Week Program)
Program Extended (2) Weeks!

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

~Kent County Parks & Recreation 2021 Summer Camps~

~Registration Accepted Beginning May 12~

~Register Online, In Person or Mail In~

Leaders Club Program - Additional Information

NEW Online Registration - 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 submitted within three days of online registration.*** Failure to submit all required scholarship application support documents will delay the review/approval process.

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 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.

Leaders Club utilizes an evidence-based curriculum for a variety of educational and service-learning activities. Weekly themes will include: Self Identity/Mental Health, Dealing with Authority Figures, Healthy/Fit Lifestyles, Anti-Bullying, Leadership Skills, Team Building, Technology & the World Around Us and STEM back to school. Special weekly activities will be incorporated so Kent County's leaders of tomorrow can develop the self-esteem, good decision making and problem-solving skills that every great leader possesses. Participants must bring a non-refrigerated lunch, two snacks, and a refillable drink bottle each day. The program is limited to 12 participants. Due to the limited number of children served, acceptance into the program will be competitive and requires being accepted into the program. A 500-word essay, written by the child and explaining why they would like to participate in the program and their commitment to the attendance requirements (cannot be absent more than (4) days of the (8) week program (32 days) is required to be submitted for consideration of acceptance into the program. Once your child's application is received, pending acceptance into the program, the parent/guardian will be mailed a packet with more information and forms that are required to complete registration. The program has very strict attendance requirements.

***Acceptance and Attendance Requirements** - Leaders Club is an eight-week (4 days a week) program which requires enrollment in the full program. Due to the limited number of children served, enrollment in the program will be competitive and requires being accepted. A 500-word essay, written by the child and explaining why they would like to participate in the program and their commitment to the attendance requirements is required to be submitted for consideration of acceptance into the program. To achieve the maximum benefit of the program, which includes camaraderie among participants and building on experiences and activities from the previous week(s), a commitment to and adherence to missing no more than 4 days is required. Failure to adhere to the established attendance policies (which are in place to ensure the maximum intended benefits of the program) will result in dismissal from the program.

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 of registering online). ***Scholarships are awarded for fees that have not already been paid and are not retroactive to apply prior to the award's approval.***



**County Commissioners of Kent County MD
Department of Parks & Recreation
2021 Registration Information**



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

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 May 12, 2021, please call 410-778-2083 or email info@KentParksAndRec.org.

PLEASE BE FULLY PREPARED TO REGISTER

- ✓ Updated forms (with a revised 2021 date) will be available beginning May 12 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
 - Youth In Action Camp's last program day (August 20)
- 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 11.
 - 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 11.
- *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 \$8 5(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 11. **The discount is void if the balance is not paid June 11.**
 - \$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.

LEADERS CLUB PROGRAM / DEPOSIT

- The program is an (8) week program and will operate 8:30 am - *5 pm, Monday - Thursday at Worton Park
- A 500-word essay, written by the child and explaining why the child would like to participate in the program, **MUST BE SUBMITTED WITH THE COMPLETED REGISTRATION PACKET**
- After receipt of initial registration forms and **if accepted into the program**, additional information and forms will be mailed. The completed additional forms are due by the date indicated in the accompanying letter.

REGISTRATION FEE/ DEPOSIT REQUIREMENT

- The registration fee for the (8) week program is \$250 (Resident)/ \$300 (Non-Resident). The program is extended two additional weeks.
- A non-refundable deposit of \$85 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 11.
 - Should a scholarship be awarded, the scholarship is applied toward the balance.
 - The remaining balance of the registration fee (if not paid in full at registration or the second installment deadline - June 11).
- **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**

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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

***Leaders Club 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 KentParksAndRec.org 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
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Emergency Contact #2 Name: _____

Name	Relationship to Child	Phone Numbers
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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

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 & Leaders Club Camps Only

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 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 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

County Commissioners of Kent County, MD
Department of Parks & Recreation
Leaders Club
Child Pick Up Authorization

Name of Child

Check Grad Entering ___7___8___9

T-Shirt Size: Adult **Check One:** ___S___M___L___XL___2X___3X

Individuals listed below are authorized to pick up my child.

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.

Parent First and Last Name _____

Parent Signature _____ Date _____