



<input type="checkbox"/>	GWES	___ Before
		___ After
<input type="checkbox"/>	NKES	___ Both
		___ Punch Cards

**New Kent County Parks and Recreation  
PARTICIPANT INFORMATION SHEET  
Before & After School Program 2016-2017**

**Forms must be filled out completely. No line may be left blank**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: Male or Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

List two contacts if parent(s) cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Person(s) NOT authorized to pick up child**

Specify any medical conditions or disabilities: \_\_\_\_\_

Does your child have any allergies or intolerance to medications, food or any other substance? If yes, explain:

List any medications that your child will be taking during the program\* \_\_\_\_\_

\*Add '1 Medication Form Needed if Administering at Camp or Before/After School

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

Preferred Hospital if Medical Attention Needed: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Helpful Hints for staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 family physician or I cannot be reached. The staff is authorized to administer first aid to your 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 medication for more than a 10-day period, 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 Before / After School 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 Before / After School Program 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 or guardian) give permission for my child to attend any field trips while in the New Kent County Parks and Recreation Before / After School Program. I (parent or guardian) give permission for my child to be transported by New Kent County Recreation staff who are duly licensed drivers. **INITIAL** \_\_\_\_\_

**Agreement V:** I (parent or guardian) give my child permission to participate in swimming activities conducted at the New Kent Parks and Recreation Before / After School Program and swim days. I (parent or guardian) authorize the use of sunscreen when needed. **INITIAL** N/A

**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 Before / After School Program 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 Before / After School 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 Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Parks and Recreation Late Parent Pick Up Policy

### Late Pickup Policy

If a child is picked up after 6:00 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 \$2.00 for each additional minute after 6:05 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

Participant's Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**New Kent Parks & 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 rules \*(reverse)
- Be aware that you may be contacted by phone, in writing, or through parent/staff conferences if your child continues to need behavior management
- Understand that behavior consequences may /may not be progressive depending on the violation

**Behavior Consequences**

VIOLATION	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense
<b>Disruptive Behavior</b> -horseplay, profanity, refusal to follow policies and adult authority, attempted abuse of equipment	*Verbal Warning *Parent notification *Behavior modification	*parent meeting *up to 3 days' suspension	Mandatory Expulsion
<b>Verbal Threat</b>	*Parent notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion
<b>Harassment, Hate Crimes</b>	*Parent notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion
<b>Vandalism of Property</b>	*Parent notification *Behavior modification	*1-week suspension *parent meeting	Mandatory Expulsion
<b>Fighting</b> -physical altercation, throwing a punch, throwing someone to the floor	*3 days' suspension *Parent Notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion

Behavior management consequences may be decided on case by case basis as determined by staff.

Please let us know if you have any questions!  
 804-966-8502

## Forms of Behavior Management Used

- Redirection
- Timeout
- Alternative Behavior Management Techniques
- Use of sticker / clip reward system
- Other, as discussed with Parent / Guardian

## Rules translated

1. Safety first. Ask permission before leaving any area.
2. Keep all body parts (hands, feet and teeth) to yourself.
3. Respect others and their property. Friendly words only.
4. 1-2-3: Stop, sit and listen. Follow instructions.
5. Eat only at snack and lunch times.
6. Walk Always.
7. Use your inside voices. When you're inside.
8. Counselors are not to be climbed upon.
9. You mess it up, you clean it up. Pick up dropped items.
10. Electronics (including phones / ipods, etc) are not allowed unless special day / use announced.
11. *HAVE FUN!* Participation is the key.
12. Wear athletic shoes to play.

*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.*

I have reviewed the Summer Camp rules and behavior management program with my child (ren),

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

I understand if I have questions I will contact staff.

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

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

\_\_\_\_\_  
Date: