

# Before & After School Recreation Program

## Participant Registration Packet 2022-23



Dear Parents / or Guardians:

New Kent County Parks and Recreation is excited to offer the Before & After School Recreation Program for the 2022-23 School Year. Please review the following information:

- Registration opens to the public **Monday, June 13, 2022** – please register online using CIVIC REC; the registration fee is \$25 per participant.
- Applications are taken on a first come first served basis. Space is limited.
- All Participant Registration Packets must be mailed to New Kent County Parks and Recreation, P.O. Box 150 New Kent Virginia 23124 or dropped off at our office 11809 New Kent Hwy., Ste. 4, New Kent VA 23124 during business hours from 8:00 am- 4:30 pm, Monday - Friday. You may register online for weekly fees, but the registration form must be mailed or delivered in person please (call the office if you need to make other arrangements).
- All parents/or guardians are required to complete Participant Registration Packet (i.e., participant information form, late pick up policy, behavior policy, and agreement form, medication authorization forms if applicable and include a non-refundable \$25 registration fee; checks can be made payable to the County of New Kent or pay online.
- Any application packets that are incomplete will be returned and a space in the program **will not be guaranteed.**

### General Program Information:

#### Before & After School Recreation Program

- Location: George Watkins Elementary School, New Kent Elementary School, Quinton Elementary School
- Dates: September 6, 2022 – June 16, 2023
- Days: Monday – Friday (except holidays and some school closings – please see operating calendar)
- Hours of operation: Before School – 7:00 am – school start and school dismissal – 6:00 pm
- Weekly Fees: \$35 Before School; \$50 After School (includes ½ days); \$70 Before and After School (fees subject to change)

For more information, please call us at 804-966-8502.

Sincerely,

Holly Naggy

Administrative Assistant/Registration

[hbnaggy@newkent-va.us](mailto:hbnaggy@newkent-va.us)

Kimberly Turner, CPRP, CTRS

Director/Interim Recreation Specialist

[kcturner@newkent-va.us](mailto:kcturner@newkent-va.us)



Please review carefully and check location/program:

**GWES** Before     **NKES** Before     **QES** Before  
 **GWES** After     **NKES** After     **QES** After  
 **GWES** Both     **NKES** Both     **QES** Both

**New Kent County Parks and Recreation  
PARTICIPANT INFORMATION FORM 2022-23**

**Forms must be filled out completely. No line may be left blank. Please indicate N/A or, SAA for “same as above”**

**Child’s Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Gender:** M    F    Non-Binary

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher/School:** \_\_\_\_\_

**Primary Parent/Guardian:** \_\_\_\_\_ **Employed at:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

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

**Secondary Parent/Guardian:** \_\_\_\_\_ **Employed at:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

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

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

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**List two contacts if parent(s) cannot be reached (both must be local and within a 25 mile radius)**

**Contact Name 1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Contact Name 2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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

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

**Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child**

**Child's Name:** \_\_\_\_\_

**Health/Medical**

Is your child up to date on immunizations? YES NO Notes: \_\_\_\_\_

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

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

Does your child have any allergies? YES NO If yes, what? \_\_\_\_\_

Are any of your child's allergies severe or life threatening? YES NO If yes, we will need an Allergy Action Plan from your child's physician. We will need a Medication Administration Authorization Form for any Epi-pens, etc.

Does your child have a chronic illness? YES NO If yes, what type? \_\_\_\_\_

List any medications that your child will need administered during the program: \_\_\_\_\_

A Medication Administration Authorization Form is required and must be signed by your child's physician before attendance.

Please list any other medical conditions or medications given outside of the program (for emergency use only): \_\_\_\_\_

Does your child need any modifications or assistance due to a disability to participate in the program? YES NO  
If yes, please list and contact NKPR to initiate a Therapeutic Recreation Assessment. Accommodations or assistance may not be available immediately if additional staff is required. Please notify NKPR early to initiate the process. \_\_\_\_\_

List any previously attended child-care centers/programs: \_\_\_\_\_

**Helpful Hints for staff:** \_\_\_\_\_

**Please indicate child's interest areas:** Sports \_\_\_\_ Arts & Crafts \_\_\_\_ Outdoors \_\_\_\_ Reading \_\_\_\_ Board Games \_\_\_\_  
Singing/Acting \_\_\_\_ Science/STEM \_\_\_\_

**Other Hobbies/Interests:** \_\_\_\_\_

**Is there any other information you would like to share with staff?** \_\_\_\_\_

**PLEASE CONTINUE ON THE NEXT PAGE**

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 my 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 any medication, 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 & Afterschool 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 Summer Camps 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 VI:** I (parent or guardian) agree to allow photographic images of myself and or my children to be taken in the Parks and Recreation Summer Camp Programs 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 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 Only 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 \$1.00 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

Child’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 behavior expected
- 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 discipline techniques and consequences may be progressive
- 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.

### 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, other behaviors identified by staff	*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 reviewed on a case by case basis as determined by staff. Depending on the violation/behavior the consequence may be immediate suspension/or expulsion.

### **Forms of Behavior Management Used**

Redirection \* Timeout \* Alternative Behavior Management Techniques discussed and approved by supervisor /parent

Use of sticker / clip reward system \* Other, as discussed with Parent / Guardian

I have reviewed the behavior management program with my child(ren),

Child(ren) Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Parent Name

Sign Parent Name

Date

I understand if I have any questions, I will contact staff.



**Before and After School 2022 – 23 Waiver of Understanding**

I understand that New Kent Parks and Recreation is planning to operate a Before and After School Program at New Kent Elementary School, George Watkins Elementary School and Quinton Elementary School for the 2022 – 23 School Year. I understand that I can register my child for the program, but Parks and Recreation will not operate the program until the minimum staff requirements are met. I also understand that program operations may be temporarily or permanently suspended at any time. I understand that this is an industry-wide challenge and I will make alternative plans in the case of delayed and suspended operations.

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

Parent/Guardian Print: \_\_\_\_\_

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

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