

# **Cruising Through Summer with Parks and Recreation!**

**July 5-August 19, 2022**

**Mon-Friday 7:30am-5:30pm**

**Rising 1st Grade through Rising 6th Grade**

**"Board" our cruise ship and come explore  
the world with NKPR Summer Camp!**



**Participant Registration Packet**



Dear Parents / or Guardians:

New Kent County Parks and Recreation is excited to offer our Summer Recreation Day Camp for the 21st year! Please review the following information:

- Registration opens to the public **Monday, April 4, 2022** – please register online 2022-GW or 2022-PR, \$25.00
- 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 Summer Camp 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:**

Summer Camp Programs 2022

- Location: George Watkins Elementary School and New Kent Parks & Recreation Office
- Dates: Tuesday, July 5, 2022 – Friday, August 19, 2022 (No Camp on July 4, 2022)
- Hours of operation: Monday – Friday 7:30 a.m. – 5:30 p.m.
- Weekly Fees: \$110 per Week/ \$100 Additional Child \*NK Resident
- Theme: Cruising Through Summer with Parks & Recreation

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)



<input type="checkbox"/>	GWES (rising 1 <sup>st</sup> – rising 6th)
<input type="checkbox"/>	NKPR (rising 1 <sup>st</sup> – rising 6th)

**New Kent County Parks and Recreation  
PARTICIPANT INFORMATION FORM  
SUMMER CAMP 2022**

**Forms must be filled out completely. No line may be left blank. Please indicate N/A if the line is non-applicable.  
Or, SAA to indicate “same as above”**

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

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Level Completed/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**

**PLEASE CONTINUE ON THE NEXT PAGE**

**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?** \_\_\_\_\_

<b>T-Shirt Size:</b> YS YM YL AS AM AL AXL AXXL
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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 Summer Camp 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 IV:** I (parent or guardian) give permission for my child to attend any field trips while in the New Kent County Parks and Recreation Summer Camp Programs. I (parent or guardian) give permission for my child to be transported by New Kent County Recreation staff who are duly licensed drivers / or NKCPs Transportation. **\*Field trips pending\***

**INITIAL** \_\_\_\_\_

**Agreement V:** I (parent or guardian) give my child permission to participate in swimming activities conducted at the New Kent Parks and Recreation field trips and swim days. I (parent or guardian) authorize the use of sunscreen when needed. **\*Pool days pending\***

**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 Summer Camp 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 5:30 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 5:35 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:

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Print Parent Name

Sign Parent Name

Date

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



New Kent Parks and Recreation Programs

P.O. Box 150, New Kent, VA 23124, (804) 966-8502

**PARTICIPANT RELEASE AND WAIVER REGARDING COVID-19**

The County of New Kent Board of Supervisors, including Parks and Recreation, shall not be held responsible for any injury or loss of property suffered by any individual while participating in Parks and Recreation activities, camps, and/or programs. The participant/or guardian acknowledges the ongoing COVID-19 virus pandemic and acknowledges the potential adverse health effects of contracting the COVID-19 virus. The participant/or guardian agrees, acknowledges, and understands that although the County has sanitized and cleaned the facilities prior to scheduled activity, the County makes no representations or warranties concerning the effectiveness of their cleaning with regard to the COVID-19 virus.

It is the responsibility of the participant/or guardian to be aware of the guidelines set forth by the state and federal laws applying to the COVID-19. The participant/or guardian acknowledges that it is their responsibility to comply with state/federal law guidelines and that the County shall not be responsible for anyone contracting COVID-19.

**UNDER NO CIRCUMSTANCES SHALL THE COUNTY, ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES OR VOLUNTEERS BE LIABLE TO THE PARTICIPANT/OR GUARDIAN, OR ANY VISITORS, INVITEES, OR OTHER INDIVIDUALS FOR ANY INJURIES OR DAMAGES INCLUDING BUT NOT LIMITED TO DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL, PUNITIVE, EXEMPLARY OR ANY OTHER DAMAGES OF ANY KIND RELATING TO THE COVID-19 VIRUS.**

**THE PARTICIPANT/OR GUARDIAN HEREBY AGREES TO INDEMNIFY THE COUNTY OF NEW KENT AND ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS AND SAVE THEM HARMLESS FROM ANY LOSS, DAMAGE, OR EXPENSE OF ANY KIND ARISING FROM OR ALLEGEDLY ARISING FROM ANY CLAIM, DEMAND OR LAWSUIT, OR OTHER LEGAL PROCEEDING, FROM ANY PARTICIPANT USE OF THE FACILITY AND THE COVID-19 VIRUS.**

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

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

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

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

Office Use Only:

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Program: \_\_\_\_\_





## New Kent Parks and Recreation

### 2022 Summer Camp Commitment

New Kent Parks and Recreation is a recreation-based, summer camp program. We understand that you may have vacations or other camps planned for your child. In order to plan and provide a quality program we need you to commit to the weeks your child plans to attend. We ask that you review your 2022 summer plans and return this form with the Participant Registration Packet. **You may make changes up until May 27, 2022. After that you are financially responsible for the weeks you indicated.** Please note: You do not need to pay for the weeks you indicated your child will not be attending prior to May 27, 2022. We offer a weekly payment option (due the Thursday before the week your child will attend).

**Participant(s) Name(s):** \_\_\_\_\_

**Camp Location:**            **NKES (P&R Office)**            **GWES**

**Camp Weeks (please check):**

\_\_\_\_\_ **July 5 – July 8 (no camp July 4 – Holiday)**

\_\_\_\_\_ **July 11 – July 15**

\_\_\_\_\_ **July 18 – July 22**

\_\_\_\_\_ **July 25 – July 29**

\_\_\_\_\_ **Aug 1 – Aug 5**

\_\_\_\_\_ **Aug 8 – Aug 12**

\_\_\_\_\_ **Aug 15 – Aug 19**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_