



2019/2020

**Registration Packet
Before/After School
and Summer Camps**



jamescitycountyva.gov/recreation under "Recreation & Programs"



James City County Parks & Recreation 2019-20 REC Connect School Age Program Annual Application

Thank you for choosing the REC Connect Program!

- Register for **SUMMER CAMP 2019** and/or the **BEFORE & AFTER SCHOOL PROGRAM 2019-20** on one application.
- A **completed registration form**, payment/agreement contract (*must be signed by an adult who has legal custody of the child*) and a non-refundable registration fee, by check or money order, per child must be submitted.
 - ✓ \$50
 - ✓ Checks should be made payable to **Treasurer of James City County**
 - ✓ **Space is limited** - applications taken on a first come, first served basis
- **Registrants not enrolled in the Before and After School Program 2018-19 or past Summer Camp Program 2018** are required to provide these forms:
 - ✓ A copy of the child's birth certificate or 2018-19 Virginia school report card, **and**
 - ✓ The child's most recent physical and immunization records (*must be on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213G.*)
- **Applications can be mailed:** James City County Parks & Recreation, "Attn: REC Connect Program Registration,"
 - ✓ 5340 Palmer Lane, Suite 1B, Williamsburg, VA 23188
 - ✓ OR dropped off at: James City County Recreation Center, Abram Frink Jr. Community Center, Freedom Park, Chickahominy Riverfront Park or Satellite Services in Toano during regular operating hours.
 - ✓ **Please allow up to 7 business days for processing from the received date. Confirmation will be sent via email** (or mail if email address is not provided or valid on file) - please provide a current email address. (Any application packets that are not complete will be returned and a space in the program will not be guaranteed).

General Program Information:

SUMMER CAMP 2019

- Location **Elementary School:** Clara Byrd Baker, J.B. Blayton, Laurel Lane, Matoaka, and Stonehouse
Middle School: James Blair
- Dates: Monday, June 17-Friday, Aug. 23, 2019; Hours of Operation: 7 a.m. – 6 p.m. (No program on Thursday, July 4)
- 10 year-old participants going into 5th grade may be registered for Elementary or Middle School Summer Camp.
- **If participant will be attending summer school, we request that site be selected as their first site preference.**
- Weekly Fees (***fees subject to change**): Full-time: \$115 (\$110 for JC/W residents)– includes field trips
Part-time: \$95 (\$90 for JC/W residents)– includes field trips

BEFORE and AFTER SCHOOL 2019-2020

- Before and After School Programs are offered at all **Elementary Schools**.
- After School Programs are offered for all **Middle Schools**. Middle School After School Programs combine at the James City County Recreation Center. Transportation is provided daily from each middle school.
- Dates: Tuesday, Sept. 3, 2019-end of school year. (**Subject to change based on WJCC School Calendar**)
- Hours of Operation: Elementary School Before School Program: 7 a.m. to school start
Elementary and Middle School After School Programs: school dismissal until 6 p.m.
Elementary and Middle School Programs will be offered on both half days and full teacher workdays.
- Weekly Fees (***fees subject to change**):
Elementary: Before School \$45 (\$40 for JC/W residents; After School \$55 (\$50 for JC/W residents)
Before and After School \$70 (\$65 JC/W residents), 10-visit Coupon Punch Card: \$130 (\$125 JC/W residents)
Middle School: After School: \$55 (\$50 JC/W residents); 10-visit Coupon Punch Card: \$115 (\$110 JC/W residents)

For more information, call the Info Line at (757) 259-3170 or visit our REC Connect website at <https://www.jamescitycountyva.gov/recreation> under "Recreation & Programs."



James City County Parks & Recreation REC Connect School Age Programs 2019-20 Application Packet Checklist

All Physical and Immunization Records must be submitted on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213G; may download from our REC Connect website at <https://www.jamescitycountyva.gov/recreation> under "Recreation & Programs."

*Application Form

*Registration Form

*Agreement Form

*Birth Certificate or Report Card

*Copy of Physical Records

(on the VIRGINIA SCHOOL ENTRANCE HEALTH FORM)

*Copy of Immunization Records

(on the VIRGINIA SCHOOL ENTRANCE HEALTH FORM)

*Copy of Allergy Action Plan

(is required & must be signed by doctor if diagnosed allergy)

Library Form

*Registration Fee *\$50 per child*

Check or Money Order (payable to Treasurer of James City County)

>Provide driver's license number on all checks

All forms are filledout completely

with **NO** blanks (N/A is listed on all lines that don't apply to you or SAA to indicate same as above)

A completed application packet

for each child

Envelope addressed to *(for drop-off and mail-in)*

James City County Parks & Recreation, "Attn: REC Connect Program Registration,"

5340 Palmer Lane, Suite 1B, Williamsburg, VA 23188

All items marked with an * are required prior to registration being completed. If items are not provided it will delay the registration process for your participant(s).

2019-20 Parent Handbooks available on our REC Connect website on May 31:

<https://www.jamescitycountyva.gov/recreation> under "Recreation & Programs"

or at payment and site locations

Thank you again for your application and choosing James City County programs!



**James City County Parks & Recreation
REC Connect School Age Programs
Annual Application Form 2019-20**

Please fill out one application form per child. Thank you!

Child's Name: _____

Age: _____ **Date of Birth:** _____

1. What programs are you registering for during 2019-20? (please check all that apply)

- Summer Camp
 Elementary Before & After School
 Middle School After School

2. Will an organization, other than you, be helping to pay for your child's summer camp or before and after school care? (Examples: James City County Social Services, City of Williamsburg Social Services, etc.)

- Yes _____ No
 Please list organization and case worker's name

3. Will your child attend summer school? (please check one)

- Yes No Not sure

4. Which City or County does your child live? (please check one)

- James City County Williamsburg Other _____ (please list)

5. If registering for Summer Camp 2019, please check your top 3 preferences. (please check the ones that apply)

REC Connect Camp I (ages 5-9) *must have completed kindergarten	1st	2nd	3rd
Clara Byrd Baker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.B. Blayton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laurel Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matoaka (elementary summer school site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stonehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REC Connect Camp II (ages 10-14)	1st	2nd	3rd
James Blair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If registering for the Before and After School Program 2019-20, check your selected site. (please check one)

Elementary Schools

- | | | |
|---|--|--|
| <input type="checkbox"/> Clara Byrd Baker | <input type="checkbox"/> D.J. Montague | <input type="checkbox"/> James River |
| <input type="checkbox"/> Matthew Whaley | <input type="checkbox"/> Matoaka | <input type="checkbox"/> Norge |
| <input type="checkbox"/> Laurel Lane | <input type="checkbox"/> Stonehouse | <input type="checkbox"/> J. Blaine Blayton |

Middle Schools (Please select the school location that your child attends)

Reminder: Middle School program held at James City County Recreation Center only (transportation provided daily from each middle school)

- Berkeley
 James Blair
 Lois S. Hornsby
 Toano



**James City County Parks & Recreation
REC Connect School Age Program 2019-20
Registration Information (please print)**

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

Please list N/A for a line that's non-applicable or doesn't apply to you. Or SAA to indicate same as above.

Child's Name _____ Nickname _____ Gender _____
 Birthdate _____ Age _____ School _____ Grade level 2019-20 school year _____
 Address _____ Home Phone _____
 City _____ County _____ Zip _____ Parent's Email address _____

Program Start Date June 17, 2019 Program Ending Date June 12, 2020

Father's Name _____ Employed at _____ Work phone _____
 Work Address _____ Home Phone _____ Cell Phone _____
 Mother's Name _____ Employed at _____ Work phone _____
 Work Address _____ Home Phone _____ Cell Phone _____

Name of person(s) or agency having legal custody of child _____ Home Phone _____
 Address (if different) _____ Cell Phone _____ Work Phone _____

Names of two persons to contact if parent(s) cannot be reached: (must be local and within a 50 mile radius) (must include house #, street name, city, state and zip code)

1. Name: _____ Phone: _____
Address _____
2. Name: _____ Phone: _____
Address _____

Persons authorized to pickup child _____
 Persons NOT authorized to visit or pick up child _____

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

Does your child have any diagnosed allergies? YES NO If yes, what? _____

Are any of them severe/life threatening? YES NO **(If yes, Allergy Action Plan is required/must signed by a doctor)**
 What actions need to be taken? _____

Does your child have an intolerance to medication, foods or any other substances? If yes, please list what and the actions that need to be taken. _____

Name of Child's Physician _____ Phone _____

Does your child have a chronic illness? YES NO if yes, which type? _____

Please specify any other medical conditions, medications or disabilities: _____

List any medications that your child will need administered during the program: _____
(You'll need to fill out a medicine authorization form. If more than 10 days doctor's signature also required.)

Does your child need any modifications/assistance due to a disability to participate in the program? If so please list:

List any previously attended child-care programs: _____

For office use only:		
Summer Camp Site _____	Before and After School Site _____	Staff Initials _____



James City County Parks & Recreation
REC Connect School Age Program 2019-20

Child's Name _____ School Year Site _____
Address _____ Phone _____

Agreement I: I (parent or guardian) will read the REC Connect Parent Handbook and agree to enforce the James City County Parks & Recreation School Age Program rules and procedures as to ensure the health and safety of my child and other children participating in the program. Your Parent Handbook is available on the REC Connect website at https://www.jamescitycountyva.gov/recreation under "Recreation & Programs" or at site location. initial _____

Agreement II: In case of emergency, James City County Parks & 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 or 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 well-being 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 James City County Parks & Recreation with a letter from the child's physician. initial _____

Agreement III: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the James City County Parks & Recreation School Age Programs and do hereby release James City 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 IV: James City County Parks & Recreation School Age Programs 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 V: I (parent or guardian) give permission for my child to attend any field trips while in the James City County Parks & Recreation School Age Program. I (parent or guardian) authorize the use of insect repellent when needed. initial _____

Agreement VI: I (parent or guardian) give my child permission to participate in swimming activities conducted at the James City County Parks & Recreation pools and on field trips. Parents must advise of the child's swimming skills before the child is allowed in water above the child's shoulder height. Child's Name: _____ Please Check Skills: [] Beginner [] Intermediate [] Advanced
I (parent or guardian) authorize the use of sunscreen when needed. initial _____

Agreement VII: Before admission to the James City County Parks & Recreation School Age Program, I (parent or guardian) will provide written proof of a physician's examination of my child by a physician licensed to practice medicine, provide a copy of all immunization records and child's birth certificate. initial _____

Agreement VIII: I (parent or guardian) will be responsible for the payment of fees imposed by the James City County Parks & Recreation School Age Program. In the event I fail to make timely payment, I agree that a late fee of \$25 shall be imposed plus interest at the annual rate of 10%. In the event the County pursues collection through a court action, I agree to pay all reasonable costs including but not limited to attorney's fees of 25% of the outstanding balance. initial _____

Agreement IX: I (parent or guardian) agree to allow photographic images or video of myself and or my children to be taken in the James City County Parks & Recreation School Age Program and be used for promotional purposes by the James City County.
initial _____

Agreement X: I (parent or guardian) agree to inform the James City County Parks & Recreation School Age Programs within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases that must be reported immediately.
initial _____

Agreement XI: I (parent or guardian) authorize the Williamsburg/James City County School system to release academic, IEP (Individual Education Plans), and discipline records to James City County Parks & Recreation School Age Program. initial _____

Agreement XII: I (parent or guardian) certify that I am the parent or legal guardian of the above named child and I have all legal rights necessary to submit this application, enroll the above named child into the REC Connect program, and to enter into all of the Agreements contained herein. initial _____

Parent Name (please print) _____ Date _____

Parent or Guardian Signature _____



WILLIAMSBURG REGIONAL LIBRARY

Mobile Library Services

Library Registration

Williamsburg, James City County, and York County residents are eligible for library cards.

CHILD'S NAME _____

- My child already has a Williamsburg Regional Library Card in his/her name.
- Please issue my child a free library card. My child has never had a library card issued in his/her name.

I, _____, give my child permission to checkout books and other materials from the Williamsburg Regional Library buildings and Mobile Library Services Vehicle. I understand that my child must present a library card in order to borrow library materials, and I accept responsibility for all fines incurred and for lost or damaged materials borrowed on my child's card.

Parent or Guardian Signature

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Telephone Number: _____

Residence: City of Williamsburg James City County
 York County

Email (optional) _____

How would you like to be notified about holds, fines, lost items, etc.?

By phone _____ By email _____

Child's Date of Birth _____



Staff Use Only	
Barcode Number	