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**Elementary School  
Registration Packet  
Before & After School  
and Full Day  
Consolidated Programs  
2020-2021**

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**[jamescitycountyva.gov/recreation](http://jamescitycountyva.gov/recreation) under “Recreation & Programs”**



## James City County Parks & Recreation REC Connect School Age Program Annual Registration Packet 2020-21

Thank you for choosing the REC Connect Program!

- **Register for Elementary Full Day Consolidated Programs 2020 and/or the Before & After School Programs 2020-21.**
  - A **completed registration packet**, payment/agreement contract (*must be signed by an adult who has legal custody of the child*) and a non-refundable application fee, by check or money order, per child must be submitted.
    - ✓ \$50 (separate from weekly fee)
    - ✓ Checks should be made payable to **Treasurer of James City County**
    - ✓ **Space is limited** - applications taken on a first come, first served basis
  - **All Registrants (new, current or past participants) are required to provide these forms:**
    - ✓ A copy of the child's birth certificate or 2019-20 Virginia school report card
    - ✓ The child's most recent physical and immunization records (*must be on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213G.*)
    - ✓ Allergy Action Plan signed by a doctor, if allergy diagnosed, and **MUST** be provided with registration packet. Medication Administration Form and medication will be due at site location.
- Any registration packets that are not complete will be returned and a space in the program will not be guaranteed.**
- **Registrations can be mailed to:** James City County Parks & Recreation, "Attn: REC Connect Program Registration," 5340 Palmer Lane Suite 1B, Williamsburg, VA 23188
  - **Registration drop off locations:** James City County Recreation Center, Abram Frink Jr. Community Center, Freedom Park Interpretive Center, Chickahominy Riverfront Park or Satellite Services in Toano during regular operating hours.
    - **Allow 7 business days for processing from the received date.** Additional processing time if your child needs modifications/assistance.
    - **Confirmation will be sent via email** (or mail if email address on file is not provided or valid) - please provide a current email address.

### **Full Day Consolidated Programs 2020** (*Ages 5-10 year-olds, enrolled in K-5 grade*)

- Locations: **Elementary Schools** - Laurel Lane, Matoaka and Norge
- Dates: Tuesday, September 8 -Friday, November 6, 2020 or return to school
- Hours of Operation: Monday- Friday; 7 a.m. – 6 p.m. (No program November 3)
- Weekly Fees (**\*fees subject to change**): Full-time (four or five days): \$110  
Part-time (three days or less): \$90

### **BEFORE & AFTER SCHOOL 2020-2021** (*Ages 5-10 year-olds, enrolled in K-5 grade*)

- Before & After School Programs are offered at all **Elementary Schools**.
- Dates: return to school - end of school year. (**Subject to change based on WJCC School Calendar**)
- Hours of Operation: Before School Program: 7 a.m. to school start  
After School Programs: school dismissal until 6 p.m.  
Half days and full teacher workdays offered
- Weekly Fees (**\*fees subject to change**): Before School: \$40 (weekly before school rate does not include half or full days)  
After School: \$50  
Before/After School: \$65  
10-visit Punch Card: \$125 (non-refundable if lost or stolen)

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



## James City County Parks & Recreation REC Connect School Age Programs 2020-21 Annual Registration 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 <http://www.jamescitycountyva.gov/recreation> under "Recreation & Programs."

- Annual Application Form (site choices)
- Elementary Registration Information 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  
(required & must be signed by doctor, if allergy diagnosed)
  - Medication Administration Form and medication due at site location
- Mobile Library Services Form
- Application Fee (non-refundable) **\$50 per child**  
*Check or Money Order (payable to Treasurer of James City County)*
  - **Provide driver's license number on all checks along with child's name**
  - *Can pay for multiple children in one check*
- All forms filled out completely with NO blanks  
(please write N/A is listed on all lines that don't apply to you; write SAA to indicate same as above)
- If using mail-in option, address envelope to:  
**James City County Parks & Recreation, "Attn: REC Connect Program Registration,"**  
**5340 Palmer Lane Suite 1B, Williamsburg, VA 23188**

**If required items are not provided,**  
**there will be a delay in your**  
**registration process.**

**2020-21 Parent Handbooks will be available on our REC Connect website May 29:**  
<http://www.jamescitycountyva.gov/recreation> under "Recreation & Programs"  
**or at payment and program 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 2020-21**

**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 2020-21?**

- REC Connect Full Day Consolidated Program       REC Connect Before & After School Program

**2. Will an organization, other than you, be helping to pay for your child's summer camp or before & 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. If registering for Full Day Consolidated Programs 2020-21, please check your top two preferences.**

**Once a site is full, we will move to your second preference.**

<b>REC Connect Camp (ages 5-10)</b> <i>*must have completed kindergarten</i>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>
Laurel Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matoaka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. If registering for the Before & After School Program 2020-21, check your school site. (please check one)**

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



**Formerly known as Middle School REC Connect  
Teens On Point (T.O.P) - Elevating Teens to the TOP!**

Unfortunately, due to low registration numbers, we will not be operating a Middle School Teens On Point (T.O.P) school year program at this time.



**James City County Parks & Recreation  
REC Connect School Age Program 2020-21  
Elementary Registration Information (please print)**

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

**Please write N/A for all lines that don't apply to you; write SAA to indicate "same as above."**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade level 2020-21 school year \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Program Start Date: September 8, 2020 Program Ending Date: June 18, 2021

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: **(both must be local and within a 50 mile radius)**  
**(must include house #, street name, city, state and zip code)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick up 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.)**

Name of Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Are any of them severe/life threatening? YES  NO  If yes, what actions need to be taken? \_\_\_\_\_

**(If yes, Allergy Action Plan is required and must be signed by a doctor and included with registration packet)**

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. \_\_\_\_\_

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

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

**(A Medication Administration Form, if medication given for more than 10 days, is required with a doctor's signature)**

Please specify any other medical conditions, medications or disabilities: \_\_\_\_\_

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

**(Processing may take additional time if your child needs modifications or assistance)** \_\_\_\_\_

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

<b>For office use only:</b>		
Consolidated Site _____	Before & After School Site _____	Staff Initials _____



James City County Parks & Recreation
REC Connect School Age Program 2020-21
Agreement Form 2020-21

Child's Name \_\_\_\_\_ School Year Site \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

Agreement I: I (parent or guardian) will read the 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 http://www.jamescitycountyva.gov/recreation under "Recreation & Programs" or at payment site locations. 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 signed 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. A swim test is performed on first swim day. If child does not pass the swim test, a life jacket must be worn unless 12 years of age or older. I (parent or guardian) authorize the use of sunscreen when needed. initial \_\_\_\_\_

Please Check Child's Swim Level: [ ] Non-Swimmer [ ] Beginner [ ] Intermediate [ ] Advanced

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 James City County Parks & Recreation School Age 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 check out 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	
<b>Barcode Number</b>	