



January 31, 2011

Dear Parents:

James City County Parks and Recreation is excited to offer our Annual Combo Registration option for The REC Connect School Age Programs. Yes!... you have the choice of registering for both before and after school and summer camp programs at the same time or just the one program that you need. **A mail-in only registration is happening now.** Please note the following registration information:

- Priority Registration deadlines: Summer Camp 2011: May 6, 2011; Before and After School Program 2011-12: August 5, 2011.
- All parents are required to fill out a completed registration form, a notarized payment/agreement contract (**must be signed by an adult that has legal custody of the child**), swim form, and include a non-refundable \$40(\$35 for residents) check or money order per child. Checks should be made payable to Treasurer of James City County (JCC). **Applications are taken on a first come first served basis. Space is limited.**
- **Registrants not enrolled in the Before and After School Program 2010-11 or past Summer Camp Program 2010** are required to provide a copy of your child's birth certificate or 2010-2011 Virginia school report card, and your child's most recent physical and immunization records (**must be on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213F.**) **If enrolled in current program or Summer Camp 2010, you don't need to provide these documents.**
- All applications must be mailed to James City County Division of Parks and Recreation, 5300 Palmer Lane, Suite 1A Williamsburg, VA 23188. Please put "Attention: REC Connect Program Registration" on the front of your envelope.
- Forms must be sent through the postal service and **cannot** be dropped off. The results will be returned to you within three weeks of the received date. The results will be sent by e-mail or mail, so please provide us with a current e-mail 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 Programs 2011

- Location: Elementary: Clara Byrd Baker, J.B. Blyton, Matoaka, Matthew Whaley, & Norge. Middle School: Berkeley
- Dates: Monday, June 20-Friday, August 26, 2011.
- Hours of Operation: 7 a.m. – 6 p.m. No Program on Monday, July 4.
- All parents of 10 year-old participants who are rising 5th graders have the choice of selecting either an Elementary or Middle School Summer Camp site.
- Parents of children attending summer school may choose that site if available as an option as? their 1st site choice.
- Weekly Fees: Full-time: \$90 (\$85 residents)/Part-time: \$70 (\$65 residents) + weekly field trip fees (***fees subject to change**)

Before and After School 2011-2012

- Location: A Before and After School Program will be offered at all Elementary Schools. An After School Program will be offered for all Middle Schools. All Middle School After School Programs will be combined at Berkeley.
- Dates: Tuesday September 6, 2011-end of school year. (**Subject to change based on WJCC School Calendar**)
- Hours of Operation: Elementary Before School Program: 7 a.m. to school start.; Middle and Elementary After School Programs: school dismissal until 6 p.m. Programs will be offered on both half days and full teacher workdays.
- Weekly Fees: Elementary Before School: \$35(\$30 residents), After School: \$45(\$40 residents), Before and After School: \$60(\$55 residents), 10-visit Coupon Punch Card: \$120(\$115 residents); Middle School: After School: \$45(\$40 residents), 10-visit Coupon Punch Card: \$105(\$100 residents) (*** fees subject to change**)

For more information, visit our Rec Connect website <http://www.jccgov.com/recreation/RecConnect/registration.html> or call the Info Line at 259-3170.

Sincerely,

Arlana Fauntleroy
Recreation Operations Coordinator

James City County Parks and Recreation
REC Connect School Age Programs
Application Packet Checklist



(All Physical and Immunization Records must be submitted on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213F; may download from <http://www.jccegov.com/recreation/RecConnect/registration.html>)

Application Form _____

Registration Form _____

Notarized 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) _____

Swim Form _____

Registration fee of
\$40(\$35 for resident)/child _____

Check or Money Order _____

***Provide driver's license number on all checks**

All forms are filled out completely _____
with no blanks (N/A is listed on all lines that don't apply to you)

A completed application packet
for each child _____

Enveloped addressed to _____

James City County Parks and Recreation, 5300 Palmer Lane, Suite 1A, Williamsburg, VA 23188
Attn: REC Connect Program Registration

2011-12 Parent Handbooks available online on June 6:
<http://www.jccegov.com/recreation/RecConnect/registration.html>
or at payment and site locations

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

James City County Division of Parks and Recreation
REC Connect School Age Program 2011-12
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.

Child's Name _____ Nickname _____ Gender _____
Birthdate _____ Age _____ School _____ Grade level 2011-12 school year _____
Address _____ Home Phone _____
City _____ County _____ Zip _____ Parent's Email address _____

Program Start Date 6/20/11 Program Ending Date 6/22/12

Father's Name _____ Employed at _____ Work phone _____
Address(if different) _____ Home Phone _____ Cell Phone _____
Mother's Name _____ Employed at _____ Workphone _____
Address(if different) _____ Home Phone _____ Cell Phone _____

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

Name of two persons to contact if parent(s) cannot be reached: **(must be local & 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 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.)

Does your child have any allergies or intolerance to medication, foods or any other substances? YES _____ NO _____

If yes, what? _____

What actions 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 will need to fill out a medicine authorization form & provide a doctor's note if administered more than 10 days)

Please list any special accommodations that your child requires to participate in the program:

List any previously attended child-care programs: _____

For office use only

Summer Camp Site _____ Before and After School Site _____

Staff
Initials _____



Child's Name _____ School Year Site _____

Agreement I: I (parent or guardian) will read the REC Connect Parent Handbook and agree to enforce the James City County Division of Parks and Recreation School Age Program rules and procedures as to ensure the health and safety of my child and other children participating in the program. **Access your parent handbook at the website at www.jccegov.com or site location. initial** _____

Agreement II: In case of emergency the James City County Division of 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 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 Division of Parks and 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 Division of Parks and 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 Division of Parks and 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 Division of Parks and Recreation School Age Program. **initial** _____

Agreement VI: I (parent or guardian) give my child permission to participate in swimming activities conducted at the James City County Division of Parks and Recreation Pools and on field trips. I (parent or guardian) authorize the use of sunscreen when needed. **initial** _____

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

Agreement VIII: I (parent or guardian) will be responsible for the payment of fees imposed by the James City County Division of Parks and Recreation School Age Program. In the event I fail to make timely payment, I agree that a late fee of \$25.00 shall be imposed plus interest at the annual rate of ten (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 of myself and or my children to be taken in the James City County Division of Parks and Recreation School Age Program and be used for promotional purposes by the James City County Division of Parks and Recreation. **initial** _____

Agreement X: I (parent or guardian) agree to inform the James City County Division of 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 which 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 Division of Parks and Recreation School Age Program. **initial** _____

Parent or Guardian Signature _____ Date _____

Commonwealth of Virginia, County of James City, To Wit:

Subscribed and Sworn Before Me This _____ Day of _____, 20_____

Notary Public Signature

Notary Commission Number

My commission expires the _____ day of _____

**James City County Parks and Recreation
REC Connect School Age Programs
Parental Permission for Swimming or Wading Activities**



Parental permission is necessary for each child who participates in swimming or wading activities while attending James City County Parks and Recreation Programs.

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 _____

Permitted Water Depth: Up to _____ Feet

PLEASE WRITE **YES** or **NO** TO THE FOLLOWING SKILLS THAT APPLY TO YOUR CHILD.

- | | |
|--|-------|
| 1. BOBBING (submerging face & head) | _____ |
| 2. JELLY FISH FLOAT (float face down relaxed) | _____ |
| 3. DEAD MAN'S FLOAT OR PRONE FLOAT
(float face down stiff & rigid) | _____ |
| 4. BACK FLOAT | _____ |
| 5. BACK GLIDE | _____ |
| 6. FRONT GLIDE | _____ |
| 7. DOG PADDLE | _____ |
| 8. KICKING | _____ |
| 9. ARM STROKES | _____ |
| 10. FRONT CRAWL | _____ |
| 11. BREAST STROKE | _____ |
| 12. TREADWATER | _____ |

I give my child _____ permission to participate in swimming activities and verify that all provided information is correct.

Parent Signature

Date