



January 26, 2009

Dear Parents:

James City County Parks and Recreation is excited to offer our Annual Combo Registration option. 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.

The mail-in only registration procedure will begin on Friday, February 6 for residents and Friday, February 13 for non-residents.

Any forms postmarked prior to February 6 will not be accepted. Please note the following registration information:

- Priority Registration deadlines: Summer Camp: May 1, 2009; Before and After School Program 2009-10: August 7, 2009.
- 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 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 email or mail, so please provide us with a current email address.
- Applications are taken on a first come first served basis. Space is limited.
- All parents are required to fill out a completed registration form, a notarized payment/agreement contract, swim form, library registration form, and include a non-refundable \$35(\$30 for resident) check or money order per child. Registration fee made payable to Treasurer of James City County (JCC). Additional registration forms may be downloaded at www.jccgov.com.
- All new registrants **and registrants not enrolled in the current Before and After School Program 2008-09 or past Summer Camp Program 2008** are required to provide a copy of your child's birth certificate or a 2008-2009 Virginia school report card, a copy of your child's most recent physical and a copy of your child's most recent immunization records.
- **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 2009

- Location: Elementary Schools: James River, Matoaka, Norge, Rawls Byrd, & Stonehouse. Middle Schools: Berkeley & Toano.
- Dates: Monday, June 22-Friday, August 28, 2009. (Consolidated Program: August 24-28)
- Hours of Operation: 7:00 a.m. - 6:00 p.m. No Program on Friday, July 3.
- All parents of 10 year-old participants that are rising 5th graders have the choice of selecting 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 place 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 2009-2010

- 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. James Blair and Berkeley Middle Schools will be combined at Berkeley.
- Dates: Tuesday September 8, 2009-end of school year. **Subject to change based on WJCC School Calendar**
- Hours of Operation: Elementary Before School Program: 7a.m. to school start.; Middle and Elementary After School Programs: school dismissal until 6:00 p.m. Programs will be offered on both half days and full teacher workdays.
- Weekly Fees: Elementary Before School: \$30, After School: \$40, Before and After School: \$50, 10-visit Coupon Punch Card: \$100; Middle School: After School: \$30, 10-visit Coupon Punch Card: \$80 (*** fees subject to change**)

For more information, visit our Rec Connect website at www.jccgov.com or Info Line at 259-3170.

Sincerely,

Arlana Fautleroy
Recreation Operations Coordinator

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



Application Form _____

Registration Form _____

Notarized Agreement Form _____

Birth Certificate or Report Card _____

Copy of Physical Records _____

Copy of Immunization Records _____

Swim Form _____

Library Registration Form _____

Registration fee of
\$35(\$30 for resident)/child
Check or Money Order _____

All forms are filled out completely
with no blanks or denoted N/A _____

A completed application packet
for each child _____

Enveloped addressed to _____

**James City County Parks and Recreation, 5300 Palmer Lane, Suite 1A, Wmsbg., VA 23188
Attn: Rec Connect Program Registration**

Thank you for your application and choosing our programs!!

James City County Parks and Recreation Rec Connect School Age Programs Annual Application Form 2009-10



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

Child's Name:

Age:

Date of Birth:

School currently attending:

1. What programs are you registering for during 2009-10? (please check all that apply)

- Summer Camp 2009
 Elementary Before & After School
 Middle School After School

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

- Yes
 No

3. Which city or county does your child live? (please check one)

- James City County
 Williamsburg
 Other _____ (please list)

4. If registering for Summer Camp 2009, please check your top 3 choices. (please check the ones that apply)

- Remember you must choose the school that your child attends during the school year. Middle School may select Berkeley or Toano.
- **EXCEPTIONS:** 1) All parents of children attending summer school may choose that site if available as an option for their 1st place site placement choice. 2) Matthew Whaley parents may list Rawls Byrd or James River as their first choice. 3) D.J. Montague parents may list Matoaka or Norge as their first choice. 4) Clara Byrd parents may list Matoaka or Rawls Byrd as their first choice

Rec Connect Camp I (ages 5-9)

**must have completed kindergarten*

| | 1st | 2nd | 3rd | N/A |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| James River | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Matoaka | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Norge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rawls Byrd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stonehouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rec Connect Camp II (ages 10-14)

| | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Berkeley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toano | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. If registering for the Before and After School Program 2009-10, check your selected site. (please check one)

Elementary Schools

- Clara Byrd Baker
 D.J. Montague
 James River
 Matthew Whaley
 Matoaka
 Norge
 Rawls Byrd
 Stonehouse

Middle Schools

- Berkeley (James Blair students will be transported to Berkeley.)
 Toano

James City County Division of Parks and Recreation
Rec Connect School Age Program
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 _____
Address _____ Home Phone _____
City _____ County _____ Zip _____ Email address _____

Program Start Date _____ Program Ending Date _____

Father's Name _____ Employed at _____ Workphone _____

Address(if different) _____ Home Phone _____

Mother's Name _____ Employed at _____ Workphone _____

Address(if different) _____ Home Phone _____

Name of person(s) or agency having legal custody of child _____

Address(if different) _____ Home Phone _____

Business Address(if different) _____ Work Phone _____

Name of two persons to contact if parent(s) cannot be reached: **(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 and 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, what? _____

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

List any medications that your child will be taking during the program: _____

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

List any previously attended child-care programs, schools your child is currently attending and the grade level: _____

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

Child's Name _____ Summer Site _____



School Year Site _____

Agreement I: 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 II: 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 III: 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 IV: 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 V: 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 VI: 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 VII: 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 VIII: 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 IX: 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 X: I (parent or guardian) authorize the Williamsburg/James City County School system to release academic and discipline records to James City County Division of Parks and Recreation School Age Program. **initial** _____

Agreement XI: 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.jccgov.com or site location.** **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

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/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

