

Teens On Point



Elevating teens to the top!

**Middle School
Registration Packet**

**Summer Camp
2023**



jamescitycountyva.gov/recreation under "Recreation & Programs."



**James City County Parks & Recreation
Teens On Point (T.O.P) 2023-24
Program Annual Application**

Thank you for choosing T.O.P Summer Camp!

- **Register for SUMMER CAMP 2023** (After School Program will not be offered in 2023-2024 School Year)
- Complete this registration packet if only attending T.O.P Summer Camp 2023. Complete REC Connect Registration Packet if attending T.O.P Summer Camp 2023 and REC Connect Before & After School Program 2023-24.
- **Application Process:**
 - ✓ Registration packets can be found at any Payment Center or can be printed from our REC Connect website at <https://jamescitycountyva.gov/664/REC-Connect-Teens-on-Point-TOP>
 - ✓ **Complete registration form and agreement form/contract** (*must be signed by an adult who has legal custody of the child*) **on Pages 1-3**. Include copy of all required documents (*see below*) and a non-refundable registration 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**
 - ✓ **Confirmation email** will be sent when **process is complete**
 - ✓ **Space is limited** - applications taken on a first-come, first-served basis
- **Required Documents - All Registrants (new, current or past participants) are required to provide these forms (forms can be located on REC Connect website):**
 - ✓ A copy of the child's birth certificate or 2022-23 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 diagnosed allergy, **MUST** be provided with application packet

A Medication Administration Form signed by a doctor for EACH prescribed medication (**MUST** be on *MAT: Medication Consent Form*, must be on Parks & Recreation's form, WJCC Schools form not accepted)

 - ✓ Custody Papers for parents/individuals who cannot pick up your child(ren)
- ✓ **Several ways to submit applications:**
 - ✓ **Drop off to any Payment Center**
 - ✓ **Parks & Recreation Drop Box locations:** James City County Recreation Center (front entrance beside Library return box) and Abram Frink Jr. Community Center (front entrance on sidewalk near door #7)
 - ✓ **Envelope addressed to (mail-in only):** James City County Parks & Recreation, "Attn: Teens On Point Program Registration," 5301 Longhill Road, Williamsburg, VA 23188

**Registration deadline to start first day of
SUMMER CAMP is May 26, 2023.**

Any registration packets that are not complete will be returned and a space in the program will not be guaranteed.

Please allow seven business days for processing from the received date. May take up to three weeks if your child needs modifications/assistance.

Confirmation will be sent via email (or mail if email address is not provided or on file address is invalid) – **please provide a current email address.**

Teens On Point **TOP**

Elevating teens to the top!

Please save this page for your records.

T.O.P SUMMER CAMP 2023

- **Location:** J. Blaine Blayton Elementary School
- **Dates:** Tuesday, June 20-Friday, Aug. 18, 2023 (No program June 19 & July 4)
- **Hours of Operation:** 7 a.m. – 6 p.m.
- **Ages 10-14 (rising 5-8);** 10 year-old participants (by June 30) going into 5th grade may register for Elementary REC Connect or T.O.P Summer Camp.
- 10 year-old participants going into 6th grade and 11-14 year olds must register for T.O.P Summer Camp and T.O.P After School Program
- **Weekly Fees (fees subject to change):**
 - Full-time (four or five days): \$120 – includes field trips
 - Part-time (three days or less): \$100 – includes field trips
 - Sibling Discount of \$10 for Full-time (MUST call James City County Recreation Center at 757-259-4200 option 0 to make payment with sibling discount, cannot be combined with any other discount)

After School Program will not be offered in 2023-2024 School Year.

Program dates and times are subject to change based on WJCC School Calendar.

For more information, call us at (757) 259-5351 or visit our
REC Connect website at
[https://www.jamescitycountyva.gov/recreation under
"Recreation & Programs."](https://www.jamescitycountyva.gov/recreation_under_Recreation_%26_Programs.)



James City County Parks & Recreation Teens On Point (T.O.P) 2023-24 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 <http://www.jamescitycountyva.gov/recreation> under "Recreation & Programs."

- *Application Form (site choices) - **Page 1**
- *Registration Information Form - **Page 2**
- *Agreement Form - **Page 3**
- *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 and Medication Administration Form (MAT)- (is required & must be signed by doctor if diagnosed allergy and/or prescribed medication, one MAT Form per medication, must be on Parks & Recreations form, WJCC Schools form not accepted)
- *Registration Fee (non-refundable) **\$50 per child**
 - Check or Money Order (payable to Treasurer of James City County) for in-person/paper registrations
 - **Provide driver's license number on all checks along with child's name**
 - Can pay for multiple children in one check/payment
 - Separate weekly fees
- All forms are filled out 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
- Library Form

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

Registration deadline is May 26, 2023 to start first day of SUMMER CAMP.

Ways to turn in application packet:

- Payment Center**
- Parks & Recreation Drop Box locations:** James City County Recreation Center (front entrance beside Library return box) and Abram Frink Jr. Community Center (front entrance on sidewalk near door #7)
- Envelope addressed to (mail-in only):** James City County Parks & Recreation, "Attn: REC Connect Program Registration," 5301 Longhill Road, Williamsburg, VA 23188

2023-24 Parent Handbooks are available on our REC Connect website on May 25:

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

or at payment and site locations.



James City County Parks & Recreation
Teens On Point (T.O.P)
Annual Application Form 2023-24

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

Child's Name: _____

Age: _____

Date of Birth: _____

Teen After S

1. Please confirm the program you are registering for in 2023. **(After School Program will not be offered in 2023-2024 School Year)**. Check Parks & Recreation Activity Brochure for teen programs including Winter trips & Spring Break camps.

T.O.P Summer Camp (location at J. Blaine Blayton Elementary School)

Complete REC Connect Registration Packet if you will be registering for T.O.P Summer Camp and Elementary Before & After School Program for 2023-24 School Year.

2. Will an organization, other than you, be helping to pay for your child's summer camp? (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)?

If yes, which location: _____
 Yes No Not sure

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



**James City County Parks & Recreation
Teens On Point (T.O.P) 2023-24
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."

Program Start Date: June 20, 2023 Program Ending Date: _____

Child's Name _____ Nickname _____ Gender _____
 Birthdate _____ Age _____ School _____ Grade level 2023-24 school year _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____ Email address: _____

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 _____

(Attach any necessary legal custody papers.)

Emergency Contacts:

Names of two persons to contact if parent(s) cannot be reached: **(not including parents, 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: VA Zip: _____
2. Name: _____ Phone: _____
 Address: _____ City: _____ State: VA 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.)

Medical Information:

Name of Child's Physician: _____ Physician's 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 along with MAT Form for EACH medication, must be signed by a doctor and included with registration packet before processing.)

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 is required for EACH medication, must be signed by a doctor and included with registration packet before processing, must be on Parks & Recreation form, WJCC Schools form not accepted.)

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 up to three weeks if your child needs accommodations or assistance.)** _____

List any previously attended child-care programs: _____

For office use Summer Camp Site _____ Before & After School Site _____ Staff Initials _____



**James City County Parks & Recreation
Teens On Point (T.O.P) 2023-24**

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

Agreement I: I (parent or guardian) will read the REC Connect/Teens On Point 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. 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** _____

Child's Name: _____

Please Check Child's Swim Skill: 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 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/Teens On Point 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	
Barcode Number	