**KEEP Camp! Kent Exploration and Enrichment Program**

**Summer 2020 Registration Form**

Kent Community Learning Centers 21st Century Grant Program

*June 29-July 30, 2020- Monday-Thursday- 9:00AM-12:00PM.*

*Friday 9:00am-11:00am(closed Friday 3rd July)*

Gina Jachimowicz, 21st Century Grant Coordinator, KCPS, 410-778-2355 or gjachimowicz@kent.k1.2md.us

*Your child has been recommended to attend this free digital learning program by your child’s school.*

* *This program will run from Monday, June 22nd- to Friday, July 31st.  Students will be required to participate in 2-3 hours of learning every weekday (online and offline). Mondays-Thursdays from 9:00am-12:00pm. Fridays from 9:00am-11:00am.*
* *Students will be provided with supplies and kits- including books, workbooks & learning manipulatives.*
* *Students will use school devices to utilize provided learning platforms.*
* *On Mon.-Thurs- From 9:00am-10:00am- students will participate in explicit virtual instruction with a KCPS teacher to improve and reinforce Mathematics and English Language Arts Common Core Standards.*
* *On Mon.-Thurs- From 10:00am-11:00am- students will be provided with opportunities to attend virtual field trips and participate in engaging virtual opportunities to get them up and moving.*
* *On Mon.-Thurs- From 11:00am-12:00pm- students will participate in small group instruction or independent reading/digital academic support programs (Scholastic, Lexia, Dreambox).*
* *On Fridays, From 9:00am-11:00am- students will work using digital platforms and provided materials on independent and exploratory learning with possible opportunities of meeting in small groups with teachers.*

*To register, email this completed form (sending a picture of the form or sending it filled out is acceptable)*

*to Amelia Markosian-* [*amarkosian@kent.k12.md.us*](mailto:amarkosian@kent.k12.md.us) *by Wednesday, June 17, 2020.*

1. **STUDENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Full Student Name**: | **Preferred Name**: | |
| **Mailing and 911 Address**: | | |
| **Birth Date**: | **Age**: | \_\_\_**Male**     \_\_\_**Female** |
| **2019-2020 Grade Level**: | **Name of School Attended in 2019-2020**: | |

1. **PARENT /GUARDIAN**

|  |  |
| --- | --- |
| **Parent/Guardian Names(s)**: | |
| **Primary Phone Number**: | **Work Alternate Phone Number**: |
| **Parent/Guardian Email Address**: | |

1. **EMERGENCY CONTACT**

|  |  |
| --- | --- |
| **Emergency Contact Name**: | **Relationship to Child**: |
| **Primary Phone Number**: | **Work/Alternate Phone Number**: |
| **Emergency Contact Email Address**: | |

1. **MEDICAL INFORMATION**

|  |
| --- |
| **Allergies/Medical Concerns**: |
| **Physician Name and Number**: |
| **Insurance Information**: |

**5.     ADDITIONAL INFORMATION**

**SIBLING INTEREST**: If there is another child in your household (Grades 1-8) that you would also like to be considered for the summer camp program that did not receive an application packet- please indicate information here:

|  |  |  |
| --- | --- | --- |
| **Full Student Name**: | **2019-2020 Grade Level**: | **Name of School Attended in 2019-2020**: |

**6.    PARENT/GUARDIAN AGREEMENTS**

A) **Rules and Consequences:** I understand that the rules and regulations outlined in the Kent County Public Schools Student/Parent Handbook are enforced. Failure to abide by the rules and regulations will result in suspension or removal from the program.

**B) Program Attendance:** Attendance is critical to learning. *There is camp from Monday, June29th to Thursday, July 30th-(Mon–Thurs from 9:00am-12pm- Fridays 9:00am-11:00am)*. Attendance will be taken online.  I understand that after two absences my child will be removed from this program.  I will consider our summer vacation plans when making plans for this summer month and inform camp coordinators of any foreseeable absences.

***\*\*\*\*An email to confirm your child’s enrollment in the program will be sent.***

**D) Media Release:**   I give permission to the Kent 21st Community Learning Centers Staff to use quotes, photos, or videos of my child in reporting progress and celebrating program successes.

\*To OPT-OUT of any media of your child (meaning you do not want photo,video or quotes used from your child), type your name here:\_\_\_\_

**E) KCPS Waiver Agreement**

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Kent County Public Schools Physical activity program upon the express agreement and understanding that I am hereby waiving and releasing KCPS and it’s partners, its officers, directors, employees and agents from any and all claims, costs, liabilities, expense or judgment, including attorney’s fees and court costs (herein, collectively “claims”) arising out of my child participating in the aforesaid course/activity or any illness, injury, or  death resulting therefrom and hereby agree to indemnify and hold harmless KCPS from and against all such Claims.

**I agree  that the information in sections 1-5 on this form are correct.  I understand and agree to the information in items 6A-E in this parent/guardian section.**

**Child’s Name**:\_\_\_\_\_\_    **Parent/Guardian Digital Signature**:\_\_\_\_\_\_