

**2024 KCSCEP  
Central Summer Camp  
Elk Summer Camp  
Flinn Summer Camp  
Overbrook Summer Camp**



**June 10-August 2, 2024  
7 a.m. to 5:40 p.m.**

**Enrollment Packet for Summer Camps**

Packet contains:

Program Overview

2024 Summer Camp Enrollment Form

Student Internet & Telecommunications Acceptable Use Policy

Summer Camp Attendance Form

Child Medical Form (must be received by the end of the first week of attendance)

Tuition Express Enrollment Form (optional)

Please read all information carefully and fill out the enrollment form completely.  
*These forms are for summer only and do not enroll your child in Third Base programs.*

**Return completed enrollment form to:**



**Kanawha County Schools Community Education Program**

**142 Marshall Avenue, Dunbar, WV 25064\***

**304-766-0378 FAX (304) 766-0389**

**KCSCEP@mail.kana.k12.wv.us**

**Website: kcscep.kana.k12.wv.us**

*(\*Our office is moving to a new location in June 2024. Visit website for address updates.)*

## Welcome to KCSCEP Summer Camp 2024

***Serving Kanawha County Schools students who were in Kindergarten through Fifth Grade in the 2023-2024 school year. Thank you for choosing KCSCEP Summer Camp for your summer care. Please see the 2024-2025 Family Handbook for complete policies and procedures information.***

Summer Camp 2024 runs Monday through Friday from June 10 through August 02 at Central, Elk, Flinn and Overbrook. The Summer Camp hours are 7:00 a.m. to 5:40 p.m. Summer Camps will be closed on June 20 for West Virginia Day and July 4 for Independence Day observances. There will be no discount for those days. Summer Academy afterschool care will be offered at Summer Camps June 10-June 28. Summer Academy students will ride a bus to their designated summer camp location. See page 4 for more information.

### **Things you need to know about Summer Camp enrollment process.**

- **You must submit a completed enrollment form and be approved before your child(ren) may attend.** If we do not have space available, your child(ren) will be placed on a waiting list. Maximum enrollment is based on the number of staff and the amount of space available at the site, among other factors. WV DHHR requires a minimum of 1:16 ratio of adults to children, but we reserve the right to enroll at a lower ratio if need be for safety or other reasons.
- The enrollment form must be submitted to the KCSCEP office by mail, email, fax, or in person. If you fax your forms, please call our office to confirm receipt. We are not responsible for failed fax transmissions. **The parent/guardian submitting the enrollment must provide an email address to receive notification of enrollment status.**
- New enrollments must be submitted each summer. Summer Camp enrollment begins in April. Enrollment is taken on a first come, first served basis. Your completed enrollment form is only good for summer 2024 and does not enroll your child in Third Base.
- **DEADLINE: To start camp on June 10 (pending space availability), your enrollment must be received by May 30. If your enrollment is received after May 30, your child will have a start date of June 17 or after, depending on space availability.**
- Please read all the information carefully and fill out the enrollment forms completely to avoid delay in processing your request. WV DHHR requires that you provide a physical address and telephone number for the parents/guardians and for each person who is listed as an emergency contact or authorized pick up person. They also require that you provide the name of your child's health insurance provider and the policy number. DHHR also requires a Child Medical Report or copy of your child's most recent physical report (must be on file at camp within the first week of attendance).
- In order to better help us plan for activities and have adequate supplies and staffing, please complete the summer camp attendance sheet. Let us know which weeks your child or children will not attend due to family vacations, special camps for sports, music or other interests, etc. If we find you are not using the service on the weeks requested, we may withdraw your child from the program.
- We are not required to follow KCS IEPs or 504s; however, we do make as many modifications or accommodations as possible to make sure all children succeed in our program. We are not able to provide one-on-one care. We are staffed at 1 adult for every 16 children.
- We charge a \$30/family registration fee for Summer Camp. The fee is due on the first day of attendance and applies to all account types. CONNECT/LINK does not pay for this fee. **Register by May 10 to receive a \$10 discount on the family registration fee!**
- The Family Handbook provides more information about our policies and procedures. You can download the handbook from our website ([kcscep.kana.k12.wv.us](http://kcscep.kana.k12.wv.us)). A hard copy can be requested from our office or your site director.

### **Things you need to know about Payment Procedures**

- Payment is always due on the first day of attendance each week for both Private Pay and CONNECT/LINK accounts. You will pay the site director at sign in or at time of pick up. If the fee or copay is not paid on the first day, a \$5 late fee is added each day, even if your child is absent on subsequent days that week, until the account is paid in full. The maximum late payment fees for a week are \$20. CONNECT/LINK does not cover late payment fees, and nonpayment of copays will be reported to the agency.
- If your account has a balance due at the end of the week, your child will not be permitted to return to the program until the balance is paid in full. If your account is unpaid after 30 days, we will withdraw your child from the program.
- We accept check, cash, money order, as well as debit/credit cards. We also offer automatic payments through Procure Tuition Express, with options to have it auto draft from your checking account or auto bill your credit card weekly. If you pay by cash, we do not make change, so any overpayment will be applied as a credit on your account. The TE enrollment form is included in this packet, and is available from your site director or on our website. **If you have Tuition Express set up at your current Third Base, this will be transferred to your account at Summer Camp. You do not need to fill out the TE form.**
- If you have CONNECT/LINK, we must have a copy of your certificate or a notice of coverage before your child starts, unless you opt to start as Private Pay until your coverage is confirmed. **It is the parent/guardian's responsibility to get the summer camp childcare certificate from CONNECT or LINK.** The certificate **must list the specific KCSCEP Summer Camp site as the provider** and cover the first day of attendance. If we receive a notice from CONNECT or LINK saying you have become ineligible, your child will not be able to attend past the date of eligibility unless you pay the private pay rate or we receive a notice saying your coverage has been reinstated. You must sign time sheets confirming your child's attendance so that we may bill CONNECT or LINK. If CONNECT or LINK deny payment or you become ineligible, you will be charged the private pay rate for any week not covered. *(If your child(ren) plans to return to Third Base when school starts, be sure to get your certificate changed back from summer camp to the Third Base site.)*
- For Private Pay, the fee is weekly. There are no daily rates. You pay for the full week, regardless of how many days your child(ren) attends that week. If your child is out for a full week, there is no charge. The only time weekly rates are prorated is when our program is closed for more than 1 day during a week. See the Family Handbook for more information.

## 2024 Summer Camp Fees

**Registration:** \$30/family annually for all accounts; CONNECT/LINK does not cover these fees. Due first day of attendance.

**Summer Camp Weekly Private Pay:** \$135/1 child; \$235/2 children; \$335/3 children. Due first day of attendance each week.

**Summer Academy June Afterschool Care only:** \$65/1 child; \$90/2 children; \$115/3 children. Due first day of attendance each week.

**Late Payment Fee:** \$5 per day if not paid the first day your weekly fee or copay is due. Must be paid by the end of the week, along with your past due amount. CONNECT/LINK does not cover these fees.

**Late Pick Up Fee:** \$1 per minute after 5:40 p.m., not to exceed \$75. Due at time of pick up. Traffic incidents and medical/family emergencies will be considered. CONNECT/LINK does not cover these fees.

**Returned Check/Tuition Express Payment Fee:** \$25; returned check/TE payment amount and fee must be paid in cash. Your child(ren) may not attend until this is paid. A second return payment will result in CASH ONLY payments for your account. Returned checks 30 days past due will be taken to magistrate court.

**All summer camp children MUST be checked in and out by the parent or designated person each day. NO drop-offs.** A child will not be released without your authorization. Send a note or call in the event a person not listed on your form will be picking up your child. A photo ID will be required. Parents or other pick up persons are asked to wait outside for their children.

Breakfast, lunch and an afternoon snack will be provided. However, you may send snacks with your child that may be eaten during snack time. (No candy or sodas, please.) Children may not share their snacks brought from home.

KCSCEP staff do not administer over the counter medication. Prescription medications may only be given by trained staff with approval and training of a school nurse. Please indicate on the form if your child will need to have prescription medication administered during summer camp. We follow KCS policies for dispensing prescription medications, which includes having a doctor's order and having medication in the original bottle or container it was dispensed in with clear and precise dosing directions. KCSCEP Summer Camps are licensed through West Virginia Department of Health and Human Resources. They require that we have a Child Medical Form for each child enrolled in Summer Camp. A form for your child's physician to complete is provided in this packet, or you may bring a comparable form, such as your child's most recent physical report from your child's physician. This form is required for attendance and must be on file by the end of your child's first week of attendance.

KCSCEP Summer Camp offers your child a safe, structured environment, with many activities to keep them engaged. There will be a variety of recreational and educational activities. Swimming will be offered and the cost for swimming is included in your tuition. You must sign a permission form for swimming and other field trips. Students must attend the field trips or not attend the program that day as all staff will be on the field trips. Students will be transported on a Kanawha County Schools school bus. Field trips may include such destinations as swimming, movies, bowling, and other local attractions.

### Dress Code

The Kanawha County Schools dress code (copy on file) will be followed for summer camp. Please review this policy. Because we will be playing outside and doing arts and crafts and other projects, we recommend students wear old play clothes and shoes. We recommend sending an extra change of clothes with your child. Students may wear tennis shoes or sandals with backs, but tennis shoes are required for outside play. **NO FLIP FLOPS OR ATHLETIC SLIDES.** Please note that children may bring flip flops/slides on swim days to be worn at the pool only. A t-shirt will be provided to your child for swim days and other field trips. Please indicate your child's shirt size on the application form where noted.

### What to Bring

We recommend bringing a backpack or bag, labeled with your child's name, to hold personal belongings, such as clothing or snacks. On swim days, please send your child's bathing suit and a towel. Please send sunscreen for your child to apply under staff supervision for outside play. Label all personal belongings. Students may **NOT** bring electronic devices (i.e., iPads, tablets). If your child has a cell phone, it must be kept in his or her backpack. You may call the summer camp phone if you need to speak with your child. For safety reasons, students may not use personal devices or cameras to take photos of themselves or other students during camp. Please do not send personal toys or games. **KCSCEP is not responsible for any lost, stolen, or broken items.**

### Contact Information

You may reach the summer camps at the numbers below, or call the KCSCEP office at 304-766-0378.

Central Elementary School: 900 Helene Street., St. Albans, WV 25177 304-722-0226

Elk Elementary: 3320 Pennsylvania Avenue, Charleston, WV 25302 304-348-7776

Flinn Elementary: 2006 McClure Parkway, Sissonville, WV 25312 304-348-1960

Overbrook Elementary: 218 Oakwood Road, Charleston, WV 25314 304-348-6179

### Summer Academy/Summer Camp designations

- **Lakewood Summer Academy and Pt. Harmony Summer Academy** students may apply to Central Summer Camp for afterschool care.
- **Mary C. Snow West Side Elementary Summer Academy, Pinch Summer Academy, and Midland Trail Summer Academy** students may apply to Elk Summer camp for afterschool care.
- **Bridgeview Summer Academy and Weberwood Summer Academy** students may apply to Overbrook Summer Camp for afterschool care.
- **Sissonville Summer Academy** students may apply to Flinn Summer Camp for afterschool care.

The Summer Academy afterschool care rates apply as long as the student only attends after school during the weeks of summer academy. If you bring your child to summer camp earlier in the day instead of sending them Summer Academy during those weeks, you will be billed for the full summer camp rate. After summer academy ends, the full summer camp weekly fee will be charged if your child attends. Please indicate on the attendance form what weeks you plan to use the service.

### Summer Camp Enrollment Checklist

- Verified my child is eligible (KCS student; was in grades K-5 in 2023-2024 school year).
- Enrollment forms complete with physical address and phone number for every parent/guardian, emergency contact, authorized pick up, name of health insurance provider and insurance policy number.
- Completed and signed Student Internet & Telecommunications Acceptable Use Policy.
- Completed the Summer Camp Attendance survey.
- Child Medical Form completed by your child's physician OR copy of child's most recent physical report from physician (must be on file at camp by the end of the first week of attendance).
- For CONNECT/LINK, contacted caseworker to have certificate changed to name of KCSCEP Summer Camp Site (Central, Elk, Flinn, or Overbrook) with start date covering first day of attendance. (*Don't forget to have it changed back for Third Base when school starts in August.*)
- Submitted Tuition Express enrollment form and documentation for new set up, if desired. If you already have Tuition Express set up at your current Third Base, this will be transferred to your account at Summer Camp.
- Provided an email address for enrollment status notification and updates.

These forms are to request enrollment in the 2024 summer camp only. A new form must be submitted each summer. They are not transferable for Third Base enrollment. To enroll in Third Base for the upcoming school year, please submit the enrollment forms for that program. All forms are available on our website.

### Questions/Grievances

Please speak with your camp's site director if you have any questions or concerns during summer camp. If you feel your questions or concerns have not been resolved by the site director, please contact the KCSCEP office at 304-766-0378 or email us at: [KCSCEP@mail.kana.k12.wv.us](mailto:KCSCEP@mail.kana.k12.wv.us)

#### NOTICE OF NONDISCRIMINATION

Applicants for admission and employment, students, parents, employees, and sources of referral of applicants for admission and employment are hereby notified that the Kanawha County School District does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the Kanawha County School District's compliance with the regulations implementing Title IX or Section 504 is directed to contact: Title IX: Title IX Coordinator, Kanawha County Board of Education, 200 Elizabeth Street, Charleston, WV 25311-2119, phone 348-1379; Section 504: Section 504 Coordinator, Kanawha County Board of Education, 200 Elizabeth Street, Charleston, WV 25311-2119, phone 348-1366. These persons have been designated by the Kanawha County School District to coordinate the efforts to comply with the regulations implementing Title IX and Section 504.

# KCSCEP 2024 SUMMER CAMP

## Childcare Family Registration Form

Check the Summer Camp (SC) you are registering for:  Central SC  Elk SC  Flinn SC  Overbrook SC

Have you enrolled a child in a KCSCEP childcare program before?  No  Yes If yes, which site? \_\_\_\_\_

Is this for Summer Academy afterschool care?  No  Yes Which academy? \_\_\_\_\_

### Information About Child or Children You Are Enrolling

**Child #1:** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called: \_\_\_\_\_ Grade during **2023-2024** school year: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female T-shirt size: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Allergies (if none, write "none"): \_\_\_\_\_

List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

**You must list your child's health insurance provider and policy number for enrollment to be processed.**

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

**Child #2:** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called: \_\_\_\_\_ Grade during **2023-2024** school year: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female T-shirt size: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Allergies (if none, write "none"): \_\_\_\_\_

List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

**You must list your child's health insurance provider and policy number for enrollment to be processed.**

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

**Child #3:** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called: \_\_\_\_\_ Grade during **2023-2024** school year: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female T-shirt size: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Allergies (if none, write "none"): \_\_\_\_\_

List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

**You must list your child's health insurance provider and policy number for enrollment to be processed.**

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

#### OFFICE USE ONLY

Date received \_\_\_\_\_ Processed By: \_\_\_\_\_ Parent notified: \_\_\_\_\_ Director notified: \_\_\_\_\_ Enrolled: \_\_\_\_\_ Wait List: \_\_\_\_\_

## Information about the Legal Parents/Guardians Account Responsibility

This section is to be completed about the **LEGAL** mother, father, or guardians of the child(ren) and serves as the emergency contact/authorized pick up information. **You must provide the name, physical address (no PO Boxes) and a telephone number for each parent/guardian** in order for your enrollment to be accepted. Copies of all legal documents pertaining to custody, restraining orders, etc. must be on file with the Site Director. (All documents may be reviewed by the KCS legal department at any time.)

**Legal Parent/Guardian 1:**    Mother    Father    Guardian/Foster Parent - Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Landline Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_  send enrollment notifications and other messages to this email address

Driver's License or State ID #: \_\_\_\_\_

Mark all that apply:

This parent is a payer on this account.    Child lives with this parent/guardian    This parent is limited in or not authorized to pick up, see court papers.

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**Legal Parent/Guardian 2:**    Mother    Father    Guardian/Foster Parent - Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Landline Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_  send enrollment notifications and other messages to this email address

Driver's License or State ID #: \_\_\_\_\_

Mark all that apply:

This parent is a payer on this account.    Child lives with this parent/guardian    This parent is limited in or not authorized to pick up, see court papers.

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## Information about Account Responsibility

Please mark payment type:    Private Pay    WV DHHR (ex: CONNECT/LINK)

Parents/guardians are responsible for the account unless otherwise noted. If you are receiving assistance from WV DHHR, you must have proof of coverage before starting the program unless you wish to start as private pay until coverage is in place. Parents/guardians are responsible for payment of weekly fees or copays.

**2024-2025 Handbook Acceptance:** I have reviewed the Family Handbook (hard copy or online). I understand that I, along with my child's other parent/guardian if applicable, am responsible for reading and following the information contained in this handbook.

**I agree to follow all KCSCEP policies, procedures and requirements. (Enrollment indicates acceptance)**

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## Photography/Video and Sound Recording

If you **do not** wish your child(ren) to be photographed or be recorded by video and/or audio devices, please initial below. Photographs and audiovisual recordings are used for security purposes and/or for KCS publications/website to inform parents about our activities. By not initialing, you are giving permission for them to be photographed and/or audio/video taped.

I do not want my child(ren) to be photographed. Initials \_\_\_\_\_

I do not want my child(ren) to be recorded by video and/or audio devices. Initials \_\_\_\_\_

## Emergencies/First Aid

KCSCEP staff has permission to administer first aid and/or transport my child in the event of an emergency.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## Other Emergency Contacts & Authorized Pickup Persons

**WV DHHR requires that you provide a physical address (no P.O. boxes) and a phone number for each person listed as an emergency contact or someone authorized to pick up your child. The enrollment will not be processed without this information. Pick up persons must present photo ID.**

Please list at least one person who can be contacted to pick up your child in the event of an emergency or illness if the parents/guardians cannot be reached. If someone not listed on this form is coming to pick up your child, please send a note or call the site director to give permission. You can add or delete contacts/pick up persons anytime during the program.

<p>Contact/Pickup #1 First Name: _____ MI: _____ Last Name: _____</p> <p>Physical Address (Street, City, State Zip): _____</p> <p>Occupation/Employer: _____ Email: _____</p> <p>Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>Relationship to Child: _____</p> <p>Please mark all that apply. This person will not be authorized unless you check the box.</p> <p><input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Authorized to pick up the following children: _____</p>
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<p>Contact/Pickup #2 First Name: _____ MI: _____ Last Name: _____</p> <p>Physical Address (Street, City, State Zip): _____</p> <p>Occupation/Employer: _____ Email: _____</p> <p>Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>Relationship to Child: _____</p> <p>Please mark all that apply. This person will not be authorized unless you check the box.</p> <p><input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Authorized to pick up the following children: _____</p>
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<p>Contact/Pickup #3 First Name: _____ MI: _____ Last Name: _____</p> <p>Physical Address (Street, City, State Zip): _____</p> <p>Occupation/Employer: _____ Email: _____</p> <p>Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>Relationship to Child: _____</p> <p>Please mark all that apply. This person will not be authorized unless you check the box.</p> <p><input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Authorized to pick up the following children: _____</p>
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<p>Contact/Pickup #4 First Name: _____ MI: _____ Last Name: _____</p> <p>Physical Address (Street, City, State Zip): _____</p> <p>Occupation/Employer: _____ Email: _____</p> <p>Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____</p> <p>Relationship to Child: _____</p> <p>Please mark all that apply. This person will not be authorized unless you check the box.</p> <p><input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Authorized to pick up the following children: _____</p>
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## For Summer Camp 2024

### APPENDIX B KANAWHA COUNTY SCHOOLS INTERNET & TELECOMMUNICATIONS ACCESS ACCEPTABLE USE AGREEMENT FOR ELEMENTARY STUDENTS

*USE OF TECHNOLOGY RESOURCES WITHIN KANAWHA COUNTY SCHOOLS IS A PRIVILEGE, NOT A RIGHT.*

#### USER RESPONSIBILITIES

**I understand my responsibility for using the Internet and other online resources; therefore,**

- I will only use the computer/iPad as directed by my teacher;
- I will only use the computer when an adult is in the room;
- I will only use good manners when using the computer/iPad;
- I will not give out any personal information about myself or others, such as my name, address, telephone number, or age while on the computer;
- I understand that all passwords are to be kept secret;
- I will not log on to a computer/iPad using another person's username or password;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not post or send information to harass or bully another person;
- I will only use the school-provided email account while at school;
- I will only use school-sponsored blogs, wikis, web 2.0+ tools, social networking sites and online groups as part of any educational activity;
- I will only use appropriate Internet sites as directed by my teacher;
- I will tell my teacher or other adult if I accidentally access an inappropriate site;

**I understand that I must adhere to the mandates of West Virginia's Board of Education Policy**

**2460 - Educational Purpose and Acceptable Use of Electronic Resources, Technologies and the Internet.**

- I cannot use the Internet in school until I have completed the Acceptable Use Training, and my parents (or guardian) and I have signed and returned the KCS Acceptable Use form.
- NOTE: A complete copy of Policy 2460 may be obtained from <http://wvde.state.wv.us/policies/>

**I understand my responsibility for using software legally; therefore,**

- I will not give, lend, sell or copy any software found on school computers or the Internet, unless I have printed permission from the copyright owner;
- I will not install any software on school computers/iPads without teacher permission;
- I will not install or add any device to a school computer or network;

**I understand the importance of using both print and non-print information in a lawful manner; therefore,**

- I will not copy information received in any form and say that it is my own work;
- I will accurately cite all sources of information;

**I understand that the use of computer networks is a privilege, not a right; therefore,**

- I will follow the school's computer use rules
- I will not attempt to bypass system security or change settings without teacher permission;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not tamper with the network or computers/iPads;
- I will not damage or destroy any technology equipment;
- I will not go into anyone else's files or use anyone else's password;
- I will not download or listen to music from the Internet unless directed to do so by the teacher;
- I will not use any non-school email address while at school
- I will not play any non-educational game on a school computer

**Providing false or misleading information when applying for computer access, or violating any of the above rules, will cancel my user privileges and may result in further disciplinary action, including reimbursement for damage and computer recovery costs, suspension and/or expulsion from school.**



**For Summer Camp 2023—Use one form for all children in the family**

**School Name:** (Summer Camp location) \_\_\_\_\_

**Student:** I have read or had read to me and consent to the rule and responsibilities listed above. I have never had my computer privileges restricted or revoked by any other school.

Student WVEIS number: not required

Student Names (Please print): \_\_\_\_\_ (list all children)

Student Signature: not required

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grades: \_\_\_\_\_

**Parent or Guardian:** I have read and discussed this form with my child. I understand that it is the responsibility of my child to restrict his/her use to the classroom projects assigned. I accept full responsibility for supervision if and when my child is using computers in a setting other than school. I also understand that the teacher cannot be held responsible for intentional infractions of the above rules by my child.

\_\_\_\_\_ I give permission for my child to access the Internet in school.

\_\_\_\_\_ I do not give permission for my child to access the Internet in school.

\_\_\_\_\_ I give permission for my child to access the Internet in school ONLY FOR Testing Purposes

**SCHOOL INTERNET WEB SITE STUDENT INFORMATION**

I hereby give permission to **use the following information** on the school and/or district web sites (**initial all that you approve**):

\_\_\_\_\_ Student's first name

\_\_\_\_\_ Student's last name

\_\_\_\_\_ Student's photo

\_\_\_\_\_ Student in group photo

Parent / Guardian's Name: (Please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Optional -Parent Email:** \_\_\_\_\_

(will not be shared with 3rd parties without permission)

**\*\*\*NOTE:** This form will be kept on file in the school listed above. It will not be transferred to another school.

# KCSCEP 2024 Summer Camp Attendance

Child/Children Name: \_\_\_\_\_

Program Site: \_\_\_\_\_

During the summer, attendance numbers will fluctuate as families take weekly vacations or students participate in such activities as other special interests camps. In order to help us with planning and purchasing supplies, it is helpful to have an estimate of how many children will be attending each week. For each week of camp listed below, please mark the appropriate box to indicate if you plan for your child(ren) to attend or if you know your child(ren) will not due to vacations or other reasons. If you have more than one child and their schedules may be different, you can note that in the box. (Ex: Jane will attend but John will be at soccer camp that week.) We understand that plans may change, but this gives us a better idea of how many to expect weekly. Thank you.

Summer Camp Week 2024	Plan to Attend	Will Not Attend
June 10-14		
June 17-21 (closed June 20 WV Day observance)		
June 24-28		
July 1-5 (closed July 4 Independence Day observance)		
July 8-12		
July 15-19		
July 22-26		
July 29-Aug 2		

West Virginia Department of Health and Human Resources  
**CHILD HEALTH ASSESSMENT**

Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Child Care Facility/School \_\_\_\_\_  
 Child Care Facility/School Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Note: A copy of the Health Check exam report attached to a copy of the child's immunization record may be substituted for this form.

Health history and medical information pertinent to routine child care and emergencies:

Date Of Exam ____/____/____
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Allergies to food or medicine:

Length/Height in/cm %ile _____	Weight in/cm %ile _____	Head Circumference in/cm %ile _____	Blood Pressure in/cm %ile _____
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Physical Examination	Normal	Abnormal/Comments				
Head/Ears/Eyes/Nose/Throat						
Teeth						
Cardiorespiratory						
Abdomen/GI						
Genitalia/Breasts						
Extremities/Joints/Back/Chest						
Skin/Lymph Nodes						
Neurologic/Tone						
Developmental (e.g. ddst)						
Immunizations	Birth to 1 Month	2 Month	4 Month	6 Month	12-18 Month	4-6 Yrs
DTP/DTaP						
Polio						
HIB						
HEP B						
MMR						
Varicella						
Other (PCV7)						

Note: Ages and number of boosters may vary when immunizations start at older ages.

Screening Tests (If completed)	Date	Normal	Abnormal/Comments
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Tuberculosis (TB)			
Hearing			
Vision			

Note: Age appropriate health services and immunizations must follow the schedule recommended by AAP

Date of Last Dentist's Exam
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Health Problems or Special Needs	Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
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Medical Care Provider  Address  Phone  ECE-CC-3 12/04	MD DO PA CRNP  _____ Date                      Signature of Physician or CRNP
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**Enrollment in Tuition Express is optional. If you are already enrolled in Tuition Express, you do not have to complete this page unless your account information has changed.**



**Tuition Express Enrollment Form**

We are excited to offer the safety, convenience and ease of Tuition Express® — a processing system that allows secure tuition and fee payments to be made either from your bank account or credit card. Please print in the form below and sign where indicated.

KCSCEP SITE NAME: \_\_\_\_\_ CHILD(REN) NAME: \_\_\_\_\_

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT & CREDIT CARD**

I/we hereby authorize Kanawha County Schools Community Education Program (KCSCEP) to initiate credit card charges to the below referenced account (Section A) **OR**, initiate debit entries to my/our checking account indicated below (Section B). To properly affect the cancellation of this agreement, I/we are required to give 10 days written notice. Check with the Center for accepted credit card types. **\*\*Special note to credit union members — Please contact your Credit Union to verify account and routing numbers for automatic payment.**

**COMPLETE ONE SECTION ONLY**

**Section A (Credit Card)**

Cardholder Name	Phone Number	Email Address	
Cardholder Address	City	State	ZIP
Account Number	Expiration Date		
Cardholder Signature	Date		

**Section B (Bank Account)**

Your Name (Name on the checking account)	Phone Number	Email Address		
Address	City	State	ZIP	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	ZIP
Routing Transit Number (see sample below)	Checking Account Number (see sample below)			

**Attach a voided check or other bank documentation with your form.**

Each week your child/children attends, your account will be billed and the payment processed.

Signature	Date
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**A \$25 fee will be charged for any items returned by your bank or credit card company.**

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Verification/Employee Signature: \_\_\_\_\_

