

**2026 KCSCEP  
Central Summer Camp  
Elk Summer Camp  
Flinn Summer Camp  
Overbrook Summer Camp**



**June 8-August 7, 2026  
7 a.m. to 5:40 p.m.**

**Enrollment Packet for Summer Camps 2026**

Packet contains:

Program Overview

2026 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)

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**

**959 Woodward Drive, Room 103**

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

**[KCSCEP@mail.kana.k12.wv.us](mailto:KCSCEP@mail.kana.k12.wv.us)**

**Website: [kcscep.kana.k12.wv.us](http://kcscep.kana.k12.wv.us)**

## Welcome to KCSCEP Summer Camp 2026

*Serving Kanawha County Schools students who were in Kindergarten through Fifth Grade in the 2025-2026 school year. Thank you for choosing KCSCEP Summer Camp for your summer care. Please see the 2026-2027 Family Handbook for complete policies and procedures information.*

Summer Camp 2026 runs Monday through Friday from June 8 through August 7 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 19 for West Virginia Day and July 3 for Independence Day observances. There will be no discount for those days.

### 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 DoHS 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. **Each enrolled child will undergo a five-day trial period to ensure that the facility and staff can provide a safe and nurturing environment for every participant. Failure to disclose any up-to-date medical, behavioral, or emergency information prior to your child's first day may result in the child not being enrolled in the KCSCEP Summer Camp program.**
- **We are not able to provide one-on-one care.** 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. In keeping with the requirements of Title III of the Americans with Disabilities Act of 1990, we will not discriminate against any individual on the basis of disability. We will make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford the services and facilities to individuals with disabilities, unless the modification would fundamentally alter the nature of the service or change the environment of the program for all participants.
- 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 2026 and does not enroll your child in Third Base.
- **DEADLINE: To start camp on June 8 (pending space availability), your enrollment must be received by May 29. If your enrollment is received after May 29, your child will have a start date of June 15 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 DoHS 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. DoHS also requires a Child Medical Report or copy of your child's most recent physical report (in the last calendar year). It must be on file at camp within the first week of attendance or your child will be excluded from the program until we receive it.
- 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 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 8 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 weekly fee 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. For Connect or Link accounts, 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. If you pay by cash, we do not make change, so any overpayment will be applied as a credit on your account. 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. You can also make payments on the MyProcure website or the app. If using this option, the parent/guardian must send the payment so that is received on the first day of attendance each week to avoid any late payment fees. See your site director or call our office to set up TE or an online account.
- 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

## 2026 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:** \$140/1 child; \$240/2 children; \$340/3 children. Due first day of attendance each week.

**Late Payment Fee:** \$5 per day if not paid the first day your weekly fee is due. Must be paid by the end of the week, along with your past due amount.

**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. CONNECT/LINK does not cover these fees.

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.

**All summer camp children MUST be checked in and out on the iPad kiosk by the parent/guardian or designated person each day. NO drop-offs.** Each parent/guardian and authorized pick up person will be given an assigned Personal Identification Number (PIN) to use on the sign out kiosk each day. Please do not share your PIN. 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.

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 Human Services. 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 or your child will be excluded from the program until we receive it.

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. Field trips may include such destinations as swimming, movies, bowling, and other local attractions. 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.

### **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 Camp Enrollment Checklist**

- Verified my child is eligible (KCS student; completed grades K-5 in 2025-2026 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. Forms signed/initialed in all areas indicated.
- 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.)*
- Provided an email address for enrollment status notification and updates.

These forms are to request enrollment in the 2026 summer camp only. A new form must be submitted each summer. They are not transferrable 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

**Enrollment may be suspended or revoked if false information is given on the enrollment form or if you do not disclose information that affects our ability to care for your child. KCSCEP staff are not responsible for any incidents that are the direct result of false or misleading information given at the time of enrollment.**

### 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 SUMMER CAMP 2026

## Childcare Family Registration Form

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

### Information About Child or Children You Are Enrolling

**Child #1:** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name Child Prefers to be called: \_\_\_\_\_ Grade during **2025-2026** 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 **2025-2026** 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 **2025-2026** 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

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.)

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**Legal Parent/Guardian 1:**  Mother  Father  Foster Parent  Guardian -- Relationship to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Driver's License or State ID #: \_\_\_\_\_  
Email address: \_\_\_\_\_ **send enrollment notifications and other messages to this email address**

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  Foster Parent  Guardian -- Relationship to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Driver's License or State ID #: \_\_\_\_\_  
Email address: \_\_\_\_\_ **send enrollment notifications and other messages to this email address**

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 account type:  Private Pay  WV DoHS (ex: CONNECT/LINK)

Parents/guardians are responsible for the account unless otherwise noted. If you are receiving assistance from WV DoHS, 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.

### **Payment options:**

We accept cash, checks, and cards (Visa, MasterCard, Discover) in person. You also have the option to set up your account with Tuition Express autopay or to pay through online methods on MyProcure.com or the Procure app.

If you are a returning family whose account is already set up for Tuition Express autopay, this payment method will continue unless you notify us otherwise. If your account information has changed, please contact us to update this information to avoid return transaction fees. If you are new to the program, you will receive an invitation to set up your account for Tuition Express autopay. Parents/guardians marked as payers on the account who are new to the program or who have not set up a MyProcure account will receive an email invitation from Procure to do so. These methods are optional. If your email invitation expires before set up, please contact our office to receive a new link.

**2026-2027 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: \_\_\_\_\_

## Information About Additional Emergency Contacts & Authorized Pick Up Persons

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 school year.

The people you list below will be considered both emergency contacts and authorized pick ups unless you check that they are emergency only or pick up only.

**WV DoHS 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. If you do not include this information, the person will not be authorized to pick up and we will remove them from the list. Pick up persons must present photo ID.**

Contact/Pickup #1 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address (Street, City, State Zip): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Authorized to pick up the following children: \_\_\_\_\_

Emergency contact only       Authorized pick up only

Contact/Pickup #2 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address (Street, City, State Zip): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Authorized to pick up the following children: \_\_\_\_\_

Emergency contact only       Authorized pick up only

Contact/Pickup #3 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address (Street, City, State Zip): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Authorized to pick up the following children: \_\_\_\_\_

Emergency contact only       Authorized pick up only

Contact/Pickup #4 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address (Street, City, State Zip): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Authorized to pick up the following children: \_\_\_\_\_

Emergency contact only       Authorized pick up only

## 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 \_\_\_\_\_

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## 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

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## Kanawha County Community Education Program (KCSCEP) Parent Acknowledgements

By my initials on each item and signing below, I acknowledge the following regarding my child's participation in KCSCEP:

### \_\_\_\_\_ **Childcare Facility Classification**

I understand that KCSCEP is licensed and operates as a *childcare program*, not a school-based instructional program. The primary purpose is to provide supervision, enrichment, and a safe environment outside of regular school hours.

### \_\_\_\_\_ **Educational Plans (IEP/504 Plans)**

I understand that while KCSCEP staff strive to support all children, the program is *not legally required* to implement accommodations or services outlined in a student's Individualized Education Program (IEP) or Section 504 Plan. Any support provided will be reasonable and within the scope of a childcare setting, depending on staff training and available resources.

### \_\_\_\_\_ **One-on-One Support**

I understand that KCSCEP does not have the staffing capacity to provide dedicated one-on-one aides or supervision for individual students. All children must be able to participate safely in group settings with general support from program staff.

### \_\_\_\_\_ **Health and Safety Responsibilities**

I understand that parents/guardians must share accurate, up-to-date medical, behavioral, and emergency information to ensure my child can safely take part in program activities.

### \_\_\_\_\_ **Medication Administration**

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 Human Services. However, staff will receive training on the administration of emergency medications, such as epinephrine auto-injectors, upon approval from the KCSCEP Director and the school nurse.

### \_\_\_\_\_ **Behavioral Expectations**

I understand that students must be able to maintain safe and appropriate behavior. If a child's needs exceed the program's ability to ensure the safety and wellbeing of all participants, parents may have to find alternative care. Non-compliance with established rules and procedures may result in removal from the program.

### \_\_\_\_\_ **Collaboration with Families**

I understand that KCSCEP will communicate proactively about any concerns related to my child's success in the program and will work with families to explore reasonable strategies that support positive participation.

\_\_\_\_\_ **Potty Training Acknowledgement for 3rd Base Program**

I understand that the KCSCEP program is a group childcare environment and may not have the staffing, facilities, or licensing allowances required to provide diapering or toileting assistance beyond typical age-appropriate supervision.

I confirm that my child is fully potty trained and able to independently use the restroom, including:

- Recognizing the need to use the bathroom
- Toileting without assistance
- Managing clothing independently
- Washing hands without direct physical help

KCSCEP will make its best efforts to accommodate the child's needs, contingent upon staffing levels and ratio requirements. I acknowledge that if my child is unable to consistently meet these expectations, I may be contacted to pick up my child and/or may be required to pause participation until toileting independence is consistently demonstrated.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Child(ren) Name(s):** \_\_\_\_\_

**Completion and return of this acknowledgement form is required for processing. Enrollment materials cannot be finalized until this document is signed and submitted. Each enrolled child will undergo a five-day trial period to ensure that the facility and staff can provide a safe and nurturing environment for every participant. Failure to disclose any medical conditions prior to your child's first day may result in the child not being enrolled in the KCSCEP Summer Camp program.**

*In accordance with Title III of the Americans with Disabilities Act of 1990, the KCSCEP is committed to ensuring equal access and does not discriminate against individuals on the basis of disability. We will make reasonable modifications to policies, practices, or procedures when necessary to provide appropriate services and facilities to individuals with disabilities, provided that such modifications do not fundamentally alter the nature of our services or significantly impact the program environment for all participants. This form is not considered valid unless signed by the parent or legal guardian.*

## For Summer Camp 2026

### 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 2026—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 2026 Summer Camp Attendance

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

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

During the summer, attendance numbers will fluctuate as families take weekly vacations or students participate in other activities, such 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. We understand that plans may change, but this gives us a better idea of how many to expect weekly. You can update your camp site director about any schedule changes.

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.)

Summer Camp Week 2026	Plan to Attend	Will Not Attend
June 8-12		
June 15-19 (closed June 19 WV Day observance)		
June 22-26		
June 29-July 3 (closed July 3 Independence Day observance)		
July 6-10		
July 13-17		
July 20-24		
July 27-31		
August 3-7		

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies to food or medicine:

Length/Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Circumference \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 in/cm %ile in/cm %ile in/cm %ile in/cm %ile

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. <b>dst</b> )						
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 E \_\_\_\_\_

Health Problems or Special Needs

Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)

Medical Care Provider

Address

Phone

ECE-CC-3  
12/04

MD  
DO  
PA  
CRNP

Date

Signature of Physician or CRNP