



School's Out Program



On Wicomico County Public Schools professional days, children can spend the day with Kids Klub at a School's Out program. Kids can participate in fun activities and make friends with students from other schools. Bring a lunch and snack, and wear sneakers.

Dates & Times

7 a.m.-5:30 p.m.

- Friday, Oct. 19
- Monday, Nov. 5
- Monday, Jan. 28
- Friday, March 15

Location

Wicomico Youth & Civic Center, Midway Room

Activities

- Socialization
- Trips to the Salisbury Zoo and Ben's Red Swings
- Board games
- Arts and crafts
- Organized sports

Fees

\$28 per child per day. No refunds or transfers.

Registration

Registration is open. Bring the paperwork to the Wicomico Youth & Civic Center box office (M-F, 9 a.m.- 6 p.m.)

Contact

Brandi Belfield
410-548-4900 x109
bbelfield@wicomicocounty.org



www.WicomicoRecandParks.org



Each School's Out program requires a minimum enrollment of 10 children. If the minimum enrollment is not met, that day's program is subject to cancellation. Refunds will only be granted in the event of cancellation.

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care**

**HEALTH HISTORY FORM
For Use in Drop-In Child Care Centers***

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Relationship: _____

Check the correct answers to the following questions. Give a brief explanation under COMMENTS for any YES answer.

Does the child have any of the following?	YES	NO	COMMENTS
a) Vision problem?			
b) Hearing problem?			
c) Speech or language problem?			
d) Physical illness or impairment problem?			
e) Mental, emotional or behavioral problem?			
f) Developmental delay?			
g) Allergies?			
h) Other? (If YES, specify)			
i) Health condition which may require care or emergency action? (If YES, specify, e.g. seizures, bee sting allergy, diabetes, etc.)			
j) Does the child have up-to-date immunizations?			
k) Is the child currently taking any medication?			

This child is otherwise in good physical and mental health. This child is also free of communicable disease and may participate fully in all activities.

YES	NO

List any areas of the program in which the child cannot fully participate. Would any limits or alterations help to meet his or her needs? Please explain briefly.

Signature of Parent/Guardian _____

Date _____

* A parent may object when medical examination of a child conflicts with the parent's bona fide religious belief and practice. Under such circumstances, the parent may also use this form.

OCC 1285 (Revised 7/05) - All previous editions are obsolete



PROGRAM REGISTRATION FORM
"Discover the Benefits of Parks and Recreation!"
Non Refundable/ Non Transferable

KIDS KLUB School's Out Program (Please Circle)			\$28/day per child
10.19.18	11.5.18	1.28.19	3.15.19

Payment: Amount: \$ _____ (Circle One) Check Cash Credit

Card # _____ 3-Digit Sec. Code _____ Exp. _____ Signature _____

PARTICIPANT INFORMATION

Participant's Name: _____ Birth date: _____ Age: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

School: _____ Sex: M F

Emergency Contact Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

E-mail address: _____

Please check here if you would like to receive e-mail updates on future activities and programs from Wicomico Recreation and Parks.

MEDICAL INFORMATION

List any medical conditions or medication taken that would affect participant's involvement in this program:

Does this participant require an accommodation to participate? Yes No. If yes, please explain: _____

If yes, a staff member may call to discuss the accommodation.

WAIVER AND CONSENT

I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging any confidential medical information.

_____	_____	_____
Parent's Printed Name	Parent's Signature	Date