



Department of Neighborhood and Community Services
Registration Form Approvals and Agreements

Registration Instructions

Registration: may be made in person during business hours. For youth programs registrations may be made in person or submitted via email at the location your child will attend (see flyer for locations/addresses).

Please Complete the Following Sections along with the Registration Form:

- **Section 2 – Policies and Procedures (signed by parent/guardian)**
- **Section 3 – Code of Conduct (signed by parent/guardian and child/participant)**
- **Section 4 – Behavior Guidance and Management**
- **Section 5 – Create RECDynamics Customer Account**

Section 2 – Policies and Procedures

Eligibility for Participation: Residents of Fairfax County and the cities of Fairfax and Falls Church are cordially invited to participate in Neighborhood and Community Services (NCS) Programs.

NCS offers After-School Programs and Camps for school-age children in grades 1st through 12th for residents of Fairfax County and the cities of Fairfax and Falls Church. After-School Programs are structured recreation drop-in and virtual programs. You may register your child at any time during the program session. **The comings and goings of children are the responsibility parent/guardian. If your child leaves the center for any reason, he or she is no longer the responsibility of NCS.**

I give my permission for my child to participate in virtual programs on videoconferencing platforms

(Initial here): _____.

Transportation: Transportation to and from the center is the responsibility of the parent/guardian for youth programs. If you work during the day, you must have back-up transportation arrangements in case of emergency, illness, or disciplinary problems.

Child/participant will be: Dropped off by parent/guardian Walking Biking

I give my permission for my child to walk (initial here): _____.

Field Trips: If field trips are scheduled, field trip payments will be collected in advance. A Field trip permission slip is required the week before the trip. Absences and personal scheduling conflicts are not reimbursable. Field trip availability is filled on a first-come, first-served basis. The center will be open and provide programming for any participants who are not attending a field trip activity.

I give permission to my child or myself (the participant) to ride provided transportation to/from the center and on field trips including swimming trips.

Emergency Treatment: The center staff has permission, in the event of an emergency, at my expense to: (1) utilize the most convenient rescue squad vehicle or ambulance to transport me and/or my child to the nearest hospital; and (2) contact the individuals listed as emergency contact(s).

General Liability Waiver: In consideration of the services to be rendered in connection with NCS programs, I, for myself and the child(ren) or adult for whom I am parent, legal guardian, or caretaker fully assume all of the risks associated with the participation of myself, my child(ren), or adult in the NCS programs, including any and all risks of injury or illness. As such, I hereby agree to waive, release, defend, indemnify, and hold harmless Fairfax County, and its current and former employees, servants, agents, directors, Board members, departments, agencies, assigns and insurers, or all of them, from any and all liability, damages, and actions brought by myself, by or on behalf of my child(ren)s, and/or by or on behalf of the adult for whom I am a caretaker, in connection with their participation in NCS programs.

Fairfax County is committed to nondiscrimination in all county programs, services, and activities. To request reasonable accommodations or to receive this information in an alternate format, call 703-324-4600, TTY 711.





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COVID-19 Liability Waiver: I/parent, legal guardian, or caretaker acknowledge and understand that there are health risks and dangers associated with the transmission of communicable diseases, including but not limited to COVID-19. I recognize that there may be an increased risk that I, my child(ren), and/or the adult for whom I am a caretaker will be exposed to and contract such communicable diseases by virtue of their participation in Fairfax County Department of Neighborhood & Community Services (NCS) programs.

We ask that you help us protect the health of all children, families, and staff. Please remain home if you or your child is sick, or experiencing symptoms of COVID-19, or if anyone in your household has any signs or symptoms of COVID-19, or if you or your child have been in close contact with anyone who has been diagnosed with COVID-19 in last 14 days.

To Opt out of the following sections a Signature is required. Please return Signed & Dated form to NCS.

Photograph: I give my permission for my child/myself to be photographed and/or videotaped by NCS, unless a separate written request not to photograph is submitted to the Agency. I understand that the photograph/video will be used to promote Fairfax County programs and activities.

I do not give NCS permission to video or photograph myself or my children.

Permission to Share Information: I give NCS permission to seek out and share information with other Fairfax County Agencies, including Fairfax County Public Schools. This information would be used to provide a supportive environment where I/my child can be better served.

I do not give NCS permission to share my/child's information with other Fairfax County Agencies.

Confidentiality & FOIA: In accordance with the Virginia Privacy Protection Act of 1976, the requested information will be used to coordinate activities of this agency. I understand some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act (VFOIA), VA. Code §22-3705. By requesting emails from Fairfax County, please know that your contact information may be subject to the Virginia Freedom of Information Act (VFOIA). If you do not want Fairfax County to release your address, email address and telephone number(s) to a FOIA request, please check the box below. Doing so will authorize Fairfax County to protect this information. Other information you provide will be subject to VFOIA. Please know that Fairfax County does not routinely release or distribute citizen contact information but will do so only if required by VFOIA.

No, do not share my address, email address, and telephone number. Yes, share my address, email address, and telephone number.

I also acknowledge that youth registration information provided to NCS is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that this information not be released.

I do not give NCS permission to release my child's registration information.

I have read and understand the participation approvals and agreements on this form and by my signature agree to its terms.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

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Section 3 – Code of Conduct (In-Person and Virtual Programs)

Parents: Carefully read the below Code of Conduct your child. Both your and your child's (when applicable) signatures are required. A separate registration form must be completed for each participant.

Code of Conduct: All staff, volunteers, participants/members, caregivers, or other center users who may avail themselves of the facilities and services offered by Neighborhood and Community Services Centers are expected to:

- Be responsive and sensitive to diversity amongst participants/members, staff, volunteers, and the community at large.
- Engage with others respectfully in an environment free from harassment, intimidation and physical or sexual assault.
- Respect all by committing to appropriate use of electronic devices and refraining from sexually and racially explicit or harassing material or communication.
- Respect all by using polite language, sharing resources, and solving problems cooperatively and peacefully.
- Take care of property, keep communal space clean and conserve and protect community resources. Center users will not engage in or tolerate vandalism or theft.
- Self-regulate to the best of one's ability in a mature and responsible manner and conduct oneself in a way that is safe, respectful and does not disrupt the ability of others to participate.
- Commit to an environment free from loitering, gambling, soliciting, and panhandling.
- Commit to an environment free of dangerous weapons, including bats, shields, poles, bricks, stones, rocks, pieces of asphalt or concrete, knives, hatchets, axes, saws, slingshots, blackjacks, metal knuckles, mace, pepper spray, metal buckles, chains, crowbars, hammers, clubs, bludgeons, or other items that may be used as a weapon.
- Comply with all restrictions on the possession, carrying and transportation of firearms, ammunition, and components thereof in recreation and community centers and other areas where "no firearms" signs are posted.
- Commit to a drug free environment. The use of tobacco products, e-cigarettes, alcohol or public intoxication and the use of illicit drugs are not permitted.

Center users in any capacity who do not respect the Code of Conduct may be asked to partake in a restorative justice process. This process is based on center policies and participant/member needs, regardless of income, age, gender, ethnicity, or race, and physical or mental ability, behavior, or lifestyle. Every attempt will be made to allow other center users involved to be equal partners in this process.

Participants must:

- Sign in and out on the daily attendance form. You must inform your leader before leaving the After-School program.
- Stay in your assigned group, listen to the program leaders, and follow directions carefully.
- Show respect for others in what you do and say.
- Be involved in as many activities each day as possible and encourage others to do the same.
- Try very hard to maintain your self-control even when you are upset—the program leader will listen.
- Take care of your personal belongings—no pocketknives or harmful weapons allowed.
- Use equipment and supplies appropriately without destruction.
- Play safely and have fun.
- Follow all current NCS Covid-19 PPE Protocol and Social Distancing Mandates.



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Parents must:

- Support the After-School Program and Community/Teen Center staff and work with them to resolve disciplinary issues.
- Understand that after the program end time, children will be able to participate in the center until close.
- Make sure your child is aware and follows all current NCS Covid-19 PPE Protocol and Social Distancing Mandates.
- Make arrangements for your child to be picked up in the event of sickness, uncontrolled behaviors, or other emergency needs.

Student Code of Conduct:

Although our environment is virtual (online), the standards of behavior remain significantly important to maintain. In other words, our virtual classrooms are real classrooms with real NCS Staff; therefore, appropriate student behavior is expected. To ensure that all participants understand how to behave in an online environment, we have developed a code of conduct that all participants are required to follow. This code of conduct addresses participant interaction with NCS staff, and other NCS participants, as well as, their individual actions, which is expected to be followed. If there are specific strategies for working with your child you feel would be helpful to share, please reach out to the NCS staff before the start of the after-school program so they can be integrated into the planning.

Participants:

- Follow the same guidelines provided by the NCS Code of Conduct and the paragraph above.
- Show respect for others in what you do and say.
- Attend regularly.
- Be involved in your activities each day and encourage others to do so as well.
- Listen to the NCS staff and follow directions carefully.
- Maintain self-control.
- Have fun!

Parents:

- Support the NCS after-school/Community Center and Teen Center staff and work with them to resolve disciplinary problems.
- Understanding and monitoring your child’s online activity is a parent’s responsibility.

I have read and understand the Code of Conduct (In-Person and Virtual Programs) section of this form and by my signature agree to its terms.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Section 4 – Behavior Guidance and Management

When a participant is disruptive to the program and other participants, Neighborhood and Community Services staff must take action to resolve the problem. We have trained staff to provide basic behavior interventions. In the management of disruptive and inappropriate behaviors, the following guidelines are used:

- Acknowledge the participant’s behavior or distress.
- Assess the reasons for the behavior.
- Counsel the participant about appropriate behavior.
- Use non-aversive measures including ignoring the behavior; redirecting the behavior; modeling the expected behavior; and, if necessary, removing the participant from the activity or isolating the participant from the group for a short time.
- If staff is unable to effectively and safely manage a participant’s disruptive behaviors (self-abusive actions, biting, tantrums, hitting, and destruction of property, etc.), the following actions will be taken: consult with parents and staff concerning the exhibited behavior; design and carry out a behavioral plan to work with the participant; and re-evaluate the situation within a reasonable period of time.
- If the disruptive behavior continues or endangers self, peers or staff, your child’s eligibility may be affected. You will be contacted by staff, and your child’s eligibility will be discussed. NCS reserves the right to terminate or suspend your child from the program. We appreciate your support as we try to find a solution that will allow your child to continue without incident. The safety of the participants and staff is of paramount concern.

I certify that I have read and understand the Neighborhood and Community Services Code of Conduct. I will strive to follow and uphold it, and to maintain safe and enjoyable programs for all. I also understand that Neighborhood and Community Services After-School Program is a drop-in program, and the comings and goings of participants are the responsibility of the parent/guardian.

We, the undersigned, have read and understand the Code of Conduct, and will strive to follow and uphold it, to maintain safe and enjoyable time while in NCS programs for all.

Behavioral Issues: If the actions of a participant may cause injury to other participants or staff, NCS reserves the right to deny his/her continuation in the program. If NCS or Fairfax County property is stolen, destroyed or damaged, payment may be required to pay for replacement or repairs. Please do not bring any valuables (to include iPods, cell phones, cameras, or other electronic devices) to the center. Loss or damage to these items are not the responsibility of NCS or Fairfax County.

Termination of service/ineligible for services may occur if:

- The participant’s actions cause injury to self, peers, or staff.
- The participant exhibits inappropriate behaviors which may inhibit participation in activities.
- The participant engages in inappropriate use of social media.
- If the participant participates in inappropriate online activity.
- The participant engages in repetitive, aggressive, harmful, or disruptive behavior.
- If the participant engages in any drug related activity ATOD (Alcohol, Tobacco and Other Drugs).
- The participant does not follow the code of conduct.
- The participant does not meet the eligibility criteria for the program.

I have read and understand the Behavior Guidance and Management section of this form and by my signature agree to its terms.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Section 5 – Membership Account

Fees

An **NCS General Membership** is required. Participants must create an account in the NCS RECDynamics Registration system. To create an account, please go to <https://www.fairfaxcounty.gov/neighborhood-community-services/kids-teens> and click the link “CREATE YOUR ONLINE NCS ACCOUNT TODAY IN RECDYNAMICS!”. Once your account is created please visit your local center to complete the application process. Center staff can assist if needed.

NCS offers various programs free of charge such as the After-school Programs for youth and teens.

Non-county participants may register to participate in the virtual afterschool program.





REGISTRATION APPLICATION

GENERAL INFORMATION (PLEASE PRINT CLEARLY)	
First Name *	Middle Initial
Last Name *	Birth Date (mm/dd/yyyy) *
Phone (XXX-XXX-XXXX) *	Secondary Phone (XXX-XXX-XXXX)
Email Address *	<i>Email address is required for online access to RECDynamics. Confirm email address online (If you do not have an email address, please skip this section.)</i>
Is there a special accommodation to be considered? * If, yes please consult with NCS staff. <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity * <input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Islander
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> White
ADDRESS INFORMATION (PLEASE PRINT CLEARLY)	
Country *	City *
Address (Line 1) *	Province/State/Region *
Address (Line 2 – Apt #)	Postal Code/Zip *
ADDITIONAL INFORMATION (PLEASE PRINT CLEARLY)	
Primary Language *	Other Email (FCPS/Other) *
Other Phone (Cell) *	Preferred Center *
HEALTH INFORMATION (PLEASE PRINT CLEARLY)	
Please see the Center Director/Program Manager if participant requires medication, including EpiPen and/or inhalers for further need authorization forms.	
Medical Notes	Sensitivities
(List medications to be administered during center/program hours)	
Medication Reasons	Medication Restrictions

REGISTRATION APPLICATION

ADDITIONAL HEALTH INFORMATION (PLEASE PRINT CLEARLY)	
Behavioral	Has an IEP (Individualized Education Plan) with their school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Suggestion on how we can help your child with an IEP, have success in NCS Programs?	
Allergic Reactions <input type="checkbox"/> Bee Stings <input type="checkbox"/> Insect Bites <input type="checkbox"/> Food	Has EpiPen or Equivalent with them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary	Others

EMERGENCY CONTACT (Add as many as needed online)	
First Name *	Last Name *
Primary Phone (XXX-XXX-XXXX) *	Secondary Phone (XXX-XXX-XXXX)

ADDITIONAL EMERGENCY CONTACT	
First Name *	Last Name *
Primary Phone (XXX-XXX-XXXX) *	Secondary Phone (XXX-XXX-XXXX)

SCHOOL (Participants under the age of 18)	
School (Type) * <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Home	School Grade * <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th
School Name *	

PROGRAM INFORMATION (PLEASE PRINT CLEARLY)			
Are you currently a member of NCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	NCS Membership #:		
I and/or my child(ren) are registering for the following programs: <input type="checkbox"/> In-Person Programs <input type="checkbox"/> Virtual Programs			
In-Person Programs: <input type="checkbox"/> Adult & Family Programs <input type="checkbox"/> Youth After-school Programs			
Teen In-Person Programs: <input type="checkbox"/> Teen After-School <input type="checkbox"/> Teen Drop-In <input type="checkbox"/> Teens- In-Action Camp			

I have read and understand the participation approvals and agreements attached to this form and by my signature or entering my full name, do by agree to its terms.

PARTICIPANT SIGNATURE: _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____
(if participant is under 18 years of age)

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