



Department of Neighborhood and Community Services
Registration Application and Approvals & Agreements

Registration: may be made in person during business hours. For youth program, 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:

Section 1 Create Online Customer Account and Fees

Section 2 Registration Form

Section 3 Acknowledgement of Approvals and Agreements

Section 1 – Online Account Creation and Fees

An **NCS General Membership** is required. Parents/Guardians must create an account in the NCS RECDynamics Registration system. All youth participating in NCS Programs must be included on the account of the Parent/Guardian. To create an account, follow these steps:

1. Go to the NCS website at: www.fairfaxcounty.gov/neighborhood-community-services/ncs-registration-system
2. Click the link **“CREATE YOUR NCS ACCOUNT TODAY!”**
3. Select “Create Account” at the top right corner of the screen.
4. **Complete the required information** under the following sections: General Information, Address, Other, Primary Language and Emergency Contact.
 - *If you are 50 years or older and you do not wish to attend a senior center, please skip the “Senior Center Membership Request” section to include the Eligibility Acknowledgement.*
5. Check the box for the **Registration Agreement and review the Virginia Freedom of Information Act (VFOIA).**
6. When you are ready, select **“Create Account”** and your new account will be active.
7. Once your account has been created, please visit your local center to complete the application process. Please bring a Photo ID and proof of residency*. Center staff can provide assistance with registering if needed.

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

Non-Fairfax County Residents are eligible to participate in NCS Programs for youth and teens. There is an annual membership fee of \$100 for the membership and associated non-county fees for certain programs and activities. Non-county participants may join NCS Virtual Programs.

Payment types accepted: Cash, check, money order or credit card (if applicable)

If you have any other questions about the new online registration system or need any assistance with setting up your account, please contact us online or email NCS-RMSProcessing@fairfaxcounty.gov . You can also contact your local center staff at an NCS location near you.





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Registration Application and Approvals & Agreements

Section 2 – Registration Form

GENERAL INFORMATION (Please Print Clearly)

| | |
|------------------|--|
| Preferred Center | |
|------------------|--|

| | | |
|------------|-------------|----------------|
| Last Name* | First Name* | Middle Initial |
| | | |

| | | |
|--------------------------|---|-------------------|
| Birth Date (mm/dd/yyyy)* | Gender* | Primary Language* |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

| | | | | |
|-------|--|--|--|--|
| Race* | <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other Race (List) | | <input type="checkbox"/> Prefer not to say |

| | | | |
|------------------|--|---|--|
| Additional Race* | <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other Race (List) |

| | | | |
|------------|---|---|--|
| Ethnicity* | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Prefer not to say |
|------------|---|---|--|

| | | | | |
|-----------------|-------|-------|--------|-----------|
| Street Address* | Apt # | City* | State* | Zip Code* |
| | | | | |

| | |
|----------------|-----------------|
| Primary Phone* | Secondary Phone |
| | |

| |
|---|
| Email Address <i>(Email address is required for online access to RECDynamics)</i> |
| |

| |
|----------------------------------|
| Other Email (FCPS Student/Other) |
| |

| | | | |
|-----------------------------|------------------------------|----------------|-----------------|
| Emergency Contact Last Name | Emergency Contact First Name | Primary Phone* | Secondary Phone |
| | | | |

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.

| | | |
|---|------------------------------|-----------------------------|
| Is there a special accommodation to be considered? * If, yes please consult with NCS staff. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | |
|---------------|---------------|
| Medical Notes | Sensitivities |
| | |





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HEALTH INFORMATION Continued (Please Print Clearly)

Please see the Center Director/Program Manager if participant requires medication, including EpiPen and/or inhalers for further need authorization forms.

| | |
|---|-------------------------|
| (List medications to be administered during center/program hours) | |
| | |
| Medication Reasons | Medication Restrictions |
| | |

| | | | | | | |
|---|---|---------------------------------------|-------------------------------|-------------------------------------|------------------------------|-----------------------------|
| 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 | | | | | |
| | | | | | | |

SCHOOL INFORMATION (Participants under the age of 18)

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

PROGRAM INFORMATION (Please Print Clearly)

| | |
|--|---|
| I and/or my child(ren) are registering for the following programs: | <input type="checkbox"/> Adult & Family Programs |
| Youth Programs (1 st thru 6 th Grade) | |
| <input type="checkbox"/> Youth After-School Programs | Youth Camps <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter |
| Teen Programs (7 th thru 12 th Grade) | |
| <input type="checkbox"/> Teen After-School Programs | Teens-In-Action Camps <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter |
| <input type="checkbox"/> Teen Drop-in Sites | Select Drop-in Site |

| | | | | |
|------------------------------------|------------------------------|-----------------------------|-------------------|--|
| Are you currently a member of NCS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | NCS Membership #: | |
|------------------------------------|------------------------------|-----------------------------|-------------------|--|

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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Section 3 – Acknowledgments of Approvals and Agreements

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.

NCS takes participant safety seriously. Staff is not responsible if your child/children leave the program/center. Please ensure you communicate with staff if you grant permission for your child to leave the center during program hours.

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.





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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. 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, including but not limited to damages related to exposure or transmission of COVID-19 in connection with their participation in 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.

| | |
|--|--|
| <input type="checkbox"/> No, do not share my address, email address, and telephone number. | <input type="checkbox"/> 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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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.





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Code of Conduct Continued

Participants must:

- Sign in and out on the daily attendance form. You must inform your leader before leaving the After-School or Camp programs.
- 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.

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.

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 |
|--------------------------------------|-------------------------------------|-------------|





Department of Neighborhood and Community Services
Out of School Time Programming

Fees & Payments (Spring Break Camp only – Grades 1st – 6th)

NCS has established a sliding fee scale based on the family’s total annual income level and the number of registered children. To request a fee variance, please contact the Center Director or Assistant Director at the center you are registering your child.

- Find your family’s total annual income range in the left-hand column and place an “X” in the box.
- Continue to the right for the appropriate registration fee and place an “X” in the appropriate box.
- If registering more than two children in the same week, use the “each additional child” fee.

Payment can be made at the time of registration. For new center members, if you do not currently have an account in the NCS RECDynamics Registration system, please create one by going to www.fairfaxcounty.gov/neighborhood-community-services/ncs-registration-system and click the link “CREATE YOUR NCS ACCOUNT TODAY!”. Center staff can help with registering if needed.

Registration fees include daily lunch and snack. Transportation is the responsibility of the parent/guardian. The program will run from 8:30am-6:00pm. April 3rd – April 7th, 2023.

| Income | Week | 1st Child | Each Additional Child |
|--------------------------|--|-----------|-----------------------|
| \$40,000 or higher | <input type="checkbox"/> April 3 – 7, 2023 | \$70.00 | \$65.00 |
| \$28,000 - \$39,999 | <input type="checkbox"/> April 3 – 7, 2023 | \$60.00 | \$55.00 |
| \$17,000 - \$27,999 | <input type="checkbox"/> April 3 – 7, 2023 | \$40.00 | \$35.00 |
| \$16,999 or lower | <input type="checkbox"/> April 3 – 7, 2023 | \$30.00 | \$25.00 |
| Out of County Fee | <input type="checkbox"/> April 3 – 7, 2023 | \$80.00 | \$80.00 |

Payments

Payment is accepted by cash, check, money order or credit card. All payments should be made in person at the OST Camp location your child will attend (see locations/addresses on flyer). Payments must be received prior to start date to guarantee placement.

Make checks and money orders payable to NCS. Visa or Mastercard accepted for payments of \$10 or more. There will be a \$50 processing fee for any returned checks.

Refunds: Absences and personal scheduling conflicts are not reimbursable. Satisfaction is guaranteed. If you have concerns regarding the recreation program, please contact the recreation staff at your Community Center.





Support Questionnaire

Please fill out the below information regarding the child’s participation in the RECQuest or Teens in Action programs. This information will help staff support your child and set him/her up for success.

Child can **follow directions** effectively to participate in activities from beginning to end.

- Always Sometimes Never

Child can function in a **1 staff to 20 participant ratio** during activities.

- Always Sometimes Never

Child is **willing to participate** in a variety of new activities.

- Always Sometimes Never

Child is able to stay with the group without **wandering or running off**.

- Always Sometimes Never

Child can **use coping strategies** when he/she becomes frustrated or upset.

- Always Sometimes Never

What strategies are effective? _____

Child can **verbally communicate his/her needs**, wants and interests to staff.

- Always Sometimes Never

Please identify other useful information including interests, strengths, triggers that would be helpful for staff to know.

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