

## Horizons of Kent and Queen Anne's Agreements for

\_\_\_\_\_ (Student Name)

### Attendance Policy

This year our summer program will begin on June 22, 2022, and end on July 29, 2022. The program will operate from 9:00am to 3:00pm on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays. We will be closed Monday July 4<sup>th</sup> in recognition of Independence Day

I agree that if my child is enrolled in the summer program that they will not miss any days for non-illness related issues. I agree to keep my child home if he/ she has any COVID-19 like symptoms. I will contact the Site Director if I keep my child home for illness. I also agree to notify Horizons if my child tests positive for COVID-19 or anyone in close contact with my child that tests positive for COVID-19. I am also aware that COVID-19 guidelines are subject to change, per CDC, Maryland Department of Health, and Horizons National recommendations. We will update you on these guidelines as they are implemented into the summer program.

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

### Medical Policy

A completed copy of a physician's order must be provided for a student to receive medication (prescription or OTC) from Horizons' staff. All medications must be delivered to the Horizons office by the parent/ guardian in its original container. DO NOT send medications with students.

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

### Immunization Information (DHMH-4768 6/2020)

For campers who currently reside within the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?

NO

YES, List: \_\_\_\_\_

For campers who reside outside the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

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

### Permission and Agreements

I give permission to my child's school to release the following annual school records to Horizons of Kent and Queen Anne's: academic, health, attendance, disciplinary, and psychological. I give permission to my child's school to release and/ or provide contact or forwarding information to Horizons of Kent and Queen Anne's for the purposes of contacting me and/ or my child in the future. This permission to release information to Horizons about my child will remain in effect until he/ she graduates from high school. I am aware that I may review or challenge any record or information prior to release. All information and materials of any kind gathered during this process will be confidential and will not be disclosed to my child or my family.

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



## BEHAVIOR CONTRACT

The opportunity to attend Horizons is a **PRIVILEGE**. Horizons is a private, nonprofit organization. We reserve the right to ensure that each student has a safe, productive, and positive experience.

### EXPECTATIONS

- Regular attendance
- Respectful and cooperative behavior with everyone
- Full participation in all activities
- Self-control in words and actions

### NOT ALLOWED

- Use of personal electronic devices during instructional time
- Inappropriate clothing
  - Bullying
  - Fighting
- Damage to property
- Weapons

### DISCIPLINE PROCESS

- 1<sup>st</sup> Violation- Staff counseling, Loss of privileges
- 2<sup>nd</sup> Violation- Parent/Guardian Contact, Loss of Privileges
- 3<sup>rd</sup> Violation- Removal from Program

I will not hold Horizons, contractors, or the host schools responsible for lost, stolen, or damaged items. I will require my child to keep valuable possessions home to prevent them from being damaged, lost, or stolen.

I have read these rules and discussed them with my child. I understand their importance and will support these policies.

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

Student Name \_\_\_\_\_



## Registration Policy

**\$40.00 per student**

Please provide cash, check, or money order in the amount of \$40.00 payable to:

*Horizons of Kent and Queen Anne's  
116 B South Lynchburg Street  
Chestertown, MD 21620*

If your child is **NOT ENROLLED**, the fee is refundable by contacting the Executive Director at 410-778-9903.

If your child is **REMOVED** from the program, the fee will **NOT** be refunded.

Parent/Guardian Name \_\_\_\_\_ (Please print)

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

Student Name \_\_\_\_\_