



**KIDS
UNLIMITED**

KIDS UNLIMITED SUMMER CAMP

FOR STUDENTS WHO COMPLETED KINDERGARTEN-6TH GRADE



CAMP LOCATIONS
OAK GROVE ELEMENTARY
ROOSEVELT ELEMENTARY
WASHINGTON ELEMENTARY

Date
**JUNE 20-
AUGUST 11**

Time
7:30-5:30

Weekly Fee
\$150

Camp Weeks

- ✓ Week 1: June 20-23
- ✓ Week 2: June 26-30
- ✓ Week 3: July 5-7
- ✓ Week 4: July 10-14
- ✓ Week 5: July 17-21
- ✓ Week 6: July 24-28
- ✓ Week 7: July 31-August 4
- ✓ Week 8: August 7-11



Scholarships Available

DEPOSIT: In order to reserve your child's spot, we will charge a non-refundable \$10 per week, per child.

REGISTRATION: \$20 annual fee for those not already in a KU afterschool program.



More Information 541-774-3900 jpatterson@kuaoregon.org

Kids Unlimited Summer Camp Health Form

Last Grade Completed in 2022-23 K 1st 2nd 3rd 4th 5th

Birthdate: Month/Day/Year/	Grade Completed 2022-23:	School
Child's Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	City:	State: Zip:
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
Guardian 1 Name:	(Cell)	(Work) (Home)
Guardian 1 Email:		
Guardian 2 Name:	(Cell)	(Work) (Home)
Guardian 2 Email:		

Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Does your child need a life vest when swimming? No Yes

Any custody/restraining orders or other court orders we should be aware of: _____

EMERGENCY CONTACT(S): OTHER THAN PARENTS AUTHORIZED TO PICK-UP (Must show picture ID to staff)

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

ALLERGIES: Please list any and all allergies, such as bee stings, food, or other: _____
*Physicians note must be supplied for food allergies

Has your child ever been stung by a bee? NO YES

PHYSICAL LIMITATIONS: Please list any limitations and reasons for all listed limitations.

OTHER: Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the staff should be aware. _____

MEDICAL: Please list any medical conditions that you think may be helpful for the staff to know about (things like recent surgeries, healing injuries, or ongoing conditions needing special attention): _____

Medications: If your child takes medication, prescription or over the counter, you need to fill out a medication permission form _____ (Initial)

My child takes **NO** medications on a routine basis **AND NO** medications have been sent to program with this person.

Is your child/children covered by Health Insurance? Yes No If Yes, which type of insurance:

Oregon Health Plan/Medicaid _____ All Care _____ Work-Related Health Insurance _____ Private Insurance _____

If No, we would like to assist you in registering for the Oregon Health Plan/Medicaid through Jackson Care Connect. For eligible children/or families, the Oregon Health Plan provides medical, dental, vision and mental health services at little or no cost to the parent.

Name of Insured _____	DOB _____	Relationship to Patient _____
Name of Employer: _____	Work Phone: (____) _____	
Insurance Company _____	Grp # _____	ID# _____
Ins Co Address: _____	Ins Co. Phone: _____	

PARTICIPATION AGREEMENT

I understand that Kids Unlimited assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any Kids Unlimited activity. I hereby (and on behalf of my children) release, discharge and agree not to sue Kids Unlimited, its employees, officers, or directors for any and all claims for injury, illness, loss or damage that I may suffer as a result of my participation. I hereby give Kids Unlimited permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by Kids Unlimited personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this release and waiver.

Parent/Guardian Signature: _____ **Date:** _____

Financially Responsible Party

Relationship to Student: Parent Grandparent Legal Guardian Other: _____
 Name: _____ Last Name: _____
 Address if different from student: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email Address: _____
 Employer: _____ Work Phone (____) _____
 Is someone willing to pay tuition for you? Yes No **Third-Party Agreement** with: DHS Migrant Ed Other: _____
 Do you receive: Snap OHP Unemployment Contact Person: _____
 Do you currently receive any of the following? ERDC SNAP OHP Jackson Care Connect All Care
 If not, are you interested in receiving more information/help with the process? YES NO Number of people in household: ____

Family Income & Ethnicity

\$0-14,999 \$15,000-25,000 \$26,000-40,000 \$40,000+ *Confidential Information for funding source statistics only
 African American Asian Hispanic Native American Caucasian Other _____

Read & Initial each line

Commitments

_____ **ATTENDANCE:** There is a four-week minimum registration requirement.

_____ **LATE PICK-UP:** Program ends at 5:30 pm each day. We will charge \$15 for the first 15 minutes (5:30-5:45) and \$30 for every 15 minutes afterwards. Consistent tardiness will result in termination of services.

_____ **BEHAVIOR:** I recognize that my child must follow acceptable standards of behavior, abide by safety instructions, and refrain from behavior that is harmful to oneself, others, or property. Failure to adhere to the rules will be cause for my child's dismissal without refund of fees. As an inclusive organization, we will make every effort to accommodate your child's needs when possible. While we are able to support a wide variety of exceptionalities, we are unable to offer one-on-one support for a child needing extra care.

_____ **FIELD TRIPS:** Occasionally students will participate in field trips. A schedule will be provided to you for your child. If you *DO NOT* want your child to participate in field trips please refer to the calendar and have them *NOT* attend that day.

_____ **DEPOSIT:** In order to reserve your child's spot, you will need to pay a **non-refundable \$10.00 per week per child.**

_____ **REGISTRATION FEE: \$20.00 fee** if your child is not currently attending after school program at KU.

_____ **VACATION/MISSING DAYS:** Please notify your site manager in writing if you will be leaving for any length of time so we know not to expect your child (for safety reasons). Refunds will not be given due to missed days.

_____ **CHANGES/CANCELLATIONS:** In order to assure proper processing, 5 days notice is required for cancellation. A refund or credit will be issued for proper notice given, for tuition that was paid in advance. Refunds will not be issued if the student stops attending without written notification. (Drop Form)

_____ **THIRD PARTY PAYMENTS:** We welcome payments from DHS & JOBS as long as proper verification is provided. Unpaid portions (co-pays) and vouchers are the responsibility of the parent or guardian.

Weekly fees are due 7 days prior to the camp week. NSF fee \$25 for all returned payments.

If you need to make changes to your billing please contact the main office at 821 N. Riverside Ave, Medford 541-774-3900

I WOULD LIKE TO REGISTER MY CHILD FOR:

- Camp at Roosevelt Elementary
- Camp at Washington Elementary
- Camp at Oak Grove Elementary
- My child has a Migrant Ed scholarship.

SUMMER CAMP \$150 PER WEEK: *Closed June 19 and July 3- 4

- Week 1** June 20-23* **Week 2** June 26-30 **Week 3** July 5-7* **Week 4** July 10-14
- Week 5** July 17-21 **Week 6** July 24-28 **Week 7** July 31-August 4 **Week 8** August 7-11

Print Name: _____ Signed: _____ Date: _____

Office Use Only: Acct Key _____ Prior participant outstanding balance _____ Deposit: \$10 x _____ weeks= _____ Paid: Cash Credit Check# _____



PUBLICITY DENIAL

Kids Unlimited staff often take photos and videos of students during field trips, camps, and our after-school programs to share their work and accomplishments. Those accomplishments are shared through the non-profit's website, social media, print publications, fliers, and brochures. Kids Unlimited also works with local news media to promote the organization.

If you do not want your child's image published, please fill out our [Visual & Audio Recordings/Photo Release Opt-Out Form](#).

We will make every effort to protect the privacy of your child/children.

If you have any questions, please contact our main office.

Thank you,

KU Staff

Kids Unlimited

821 N. Riverside Ave
Medford, OR 97501
(541)774-3900



KidsUnlimitedofOregon



kidsunlimited98



KidsUnlimited98



VISUAL & AUDIO RECORDINGS/PHOTO RELEASE OPT-OUT FORM

I understand that my child's/children image, video presence, or voice may be used for Kids Unlimited for incidental advertising, website images, social media, or other purposes. When these opportunities occur, the student's image may be accompanied by his/her information regarding the student's participation in a program or activity. I further understand that no special compensation will be provided for use of my child's/children's image and that I may not be informed in advance of the specific use of their image. I understand that unless I opt out of this release, my child's/children's image may be used without my specific permission as deemed appropriate by Kids Unlimited.

YOU ONLY NEED TO COMPLETE THIS FORM IF YOU OBJECT TO THE INCIDENTAL USE OF YOUR CHILD'S/CHILDREN'S IMAGE, VIDEO PRESENCE, OR VOICE. IF YOU DO NOT OBJECT, YOU DO NOT NEED TO DO ANYTHING WITH THIS FORM.

Student's Name _____

DO NOT publish my child's image, video presence, or voice in school's advertising, website images, social media, or other purposes

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____

Kids Unlimited

821 N. Riverside Ave
Medford, OR 97501
(541)774-3900





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY School: _____ Student Name(s): _____

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CV Code
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____ \$	Attach Voided Check Here	
_____ Dollars	Deposit slips not accepted	
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

