

2024

# KIDS UNLIMITED

## Spring Camp

JOIN US FOR SPORTS,  
ART, STEM & MORE!

### i Details

- March 25-29
- Breakfast, Lunch & Snack
- Grades KG-5th

### \$ \$25 Per Day

Students **NOT** enrolled  
afterschool

### \$ \$10 Per Day

Current KU Students\*

\*Past balances must be paid

TIME 7:30 - 5:30

LOCATION

📍 Oak Grove Elementary  
2838 W. Main Street, Medford

🌐 [www.kuoregon.org](http://www.kuoregon.org)

✉ [jpatterson@kuaoregon.org](mailto:jpatterson@kuaoregon.org)

☎ 541-774-3900

**KIDS**  
UNLIMITED







(Office use only)

START DATE: \_\_\_\_\_

**Kids Unlimited Health Form for Spring Break 2024**

Birthdate: Month/\_\_\_\_ Day/\_\_\_\_ Year/\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child Lives With ☐ Both Parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

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

Parent/Guardian 1 Name: \_\_\_\_\_ (Phone) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ (Phone) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Siblings attending Kids Unlimited? ☐ Yes ☐ No Sibling's name(s) \_\_\_\_\_My child's picture may be used for promotional purposes: ☐ No ☐ Yes \_\_\_\_\_ May attend Field Trips: ☐ No ☐ Yes \_\_\_\_\_**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: \_\_\_\_\_*\*Physician's note must be supplied for food allergies and a release for Epi-pen if applicable.***DIETARY RESTRICTIONS:** Please list any and all dietary modifications. \_\_\_\_\_**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/over the counter, you need to fill out a permission form \_\_\_\_\_ Initial☐ My child takes **NO** medications on a routine basis **AND NO** medications have been sent to program with this person.**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 \_\_\_\_\_ ☐ Decline to answerDo you currently receive any of the following? ☐ ERDC ☐ SNAP ☐ OHP ☐ Jackson Care Connect ☐ All CareIf not, are you interested in receiving more information/help with the process? ☐ YES ☐ NO **Number of people in household:** \_\_\_\_\_**Weeks:** *\*Students NOT enrolled in a KU Afterschool Program are \$25 per day. Current KU students are \$10 per day.*☐ Monday 3/25 ☐ Tuesday 3/26 ☐ Wednesday 3/27 ☐ Thursday 3/28 ☐ Friday 3/29**Office Use Only:** Intake staff initials \_\_\_\_\_ Date Rcv'd \_\_\_\_\_☐ Prior participant ☐ Previous balance – Amount \_\_\_\_\_ Total Amount Paid \_\_\_\_\_ Cash Credit Check # \_\_\_\_\_☐ Scholarship amount \_\_\_\_\_ ☐ Payment arrangements? \_\_\_\_\_ ☐ Third Party? \_\_\_\_\_ Billing Entered by: \_\_\_\_\_

**Financially Responsible Party**

Relationship to Student: ☐ Parent ☐ Grandparent ☐ Legal Guardian ☐ Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Address if different from student: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Email Address \_\_\_\_\_  
 Is someone willing to pay tuition for you? ☐ Yes ☐ No **Third Party Agreement** with: ☐ DHS ☐ Other \_\_\_\_\_

**Commitments: Read & Initial each line**

\_\_\_\_ **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.

\_\_\_\_ **DISCLOSURE:** I understand if my child has an IEP/Behavior Management Plan/504 Student Accommodation Form during the school year, I must disclose this and provide a copy. 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. My child has: \_\_\_\_ IEP \_\_\_\_ Behavior Management Plan \_\_\_\_ 504 Student Accommodation Form

\_\_\_\_ **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 the camp fees in advance.

\_\_\_\_ **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 5 days 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.

\_\_\_\_ **TUITION** is based on the family's household income and the organization's ability to subsidize those in need. The tuition amount is based on the demonstrated income/expenses of the responsible party. Scholarship and payment arrangements that differ from the original amount must be applied for and documented prior to accounts being credited.

**Non-Sufficient Funds fee of \$25 for all returned checks.**

**Health Insurance**

**Is your child/children covered by Health Insurance?** ☐ No ☐ Yes

-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 cost to the parent.

Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Student Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Student Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

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.

To better serve your child we work closely with the school to monitor Grades and Attendance. By signing below you are giving us permission to acquire grades, attendance, behavior data, and test scores in order to better serve your child. Kids Unlimited programs are unique because they are founded on community participation. Our program's greatest resource is the commitment of our families to work cooperatively to create an enriched environment full of diverse opportunities and quality activities. Program goals include improvement in one or all areas: academics and behavior. This program was designed to be academic-based, not childcare. Our staff works closely to ensure kids are receiving the support they need in order to be successful in school, but we cannot do it without your support.

**I have read and acknowledge the financial & program agreement provided. I have read and understand this release and waiver.**

**Print Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

