

**KIDS
UNLIMITED**



Kids Unlimited **After School Program**

2025-2026



Schools

Griffin Creek
Howard, Jackson,
Jefferson, Kennedy,
Oak Grove, Roosevelt
Washington, Wilson



Activities

Homework Assistance

Art, Sports, STEM,
S.E.L & MORE!



Tuition

\$250 Per Month
\$20 Registration Fee
We accept ERDC
*Scholarships available

About Us

Keep your child engaged, learning, and having fun after school with our enriching programs! Our hands-on activities foster creativity, teamwork, and academic growth in a safe and supportive environment. Join us to spark creativity, build friendships, and explore new interests!

**MONDAY-FRIDAY, DIRECTLY
AFTERSCHOOL UNTIL 6:00PM**

- The afterschool program is conveniently held onsite at your child's school.
- KU operates only on regular school days.
- Winter and Spring Camps available.

**For More
Information**



541-774-3900



www.kuaoregon.org



JPatterson@kuaoregon.org



(Office use only) START DATE: _____

Kids Unlimited Health Form 2025-2026

Date of Birth: _____ Current Grade: _____ School: _____ Teacher: _____

Student First Name: _____ Student Last Name: _____ Gender: ___ Male ___ Female

Address: _____ City: _____ Zip: _____

Child Lives With: ___ Both Parents ___ Mother ___ Father ___ Foster ___ 50/50 ___ Other _____

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

Guardian 1 Name: _____ Phone: _____ Work: _____

Guardian 1 Email: _____

Guardian 2 Name: _____ Phone: _____ Work: _____

Guardian 2 Email: _____

Do siblings attend a KU Afterschool Program? ___ YES ___ NO Sibling's name(s) _____

I give permission for my child to watch PG-rated movies: ___ YES ___ NO

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

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.***

BEE: Has your child ever been stung by a bee? ___ Yes ___ No

DIETARY RESTRICTIONS: Please list any and all dietary modifications. _____

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 answer
Do you currently receive any of the following? ☐ ERDC ☐ SNAP ☐ OHP ☐ Jackson Care Connect ☐ All Care

Number of people in household: _____

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 6:00 pm each day. We will charge \$15 for the first 15 minutes (6:00-6:15) 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. We are committed to inclusivity and will accommodate diverse needs when possible. However, we are unable to provide one-on-one support for children requiring individualized care.

☐ **CUSTODY:** Kids Unlimited respects the legal rights of all parents and guardians while prioritizing child safety. In cases of parental separation or divorce, the program will follow legally documented custody arrangements and court orders. In the absence of such documentation, the program recognizes the equal rights of both legal parents.

☐ **ATTENDANCE:** As a partner with the Medford School District, we prioritize education and school day attendance. Students must consistently attend a full day of school to be eligible for the afterschool program. Thank you for your cooperation in supporting your child's education.

☐ **DEPOSIT:** In order to reserve your child's spot, you will need to pay a **non-refundable \$20.00** for the current school year.

☐ **VACATION/SICKNESS/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). No refunds are given for closures due to weather-related events or power outages.

☐ **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. Co-Pays are due by the 1st of the month, late by the 15th.

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

Monthly Fee \$ _____ Initial: _____ Due by the 1st of the month, late by the 15th. 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

Name of Insured: _____ DOB: _____ Relationship to Patient: _____

Student Physician: _____ Physician Phone: _____

Student Dentist: _____ Dentist Phone: _____

Name of Employer: _____ Work Phone: _____

Insurance Company: _____ Grp # _____ ID# _____

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:** _____

Kids Unlimited Family Survey

Directions: Please respond to each question by writing an "X" next to the best possible answer. The information in this survey will only be used by Kids Unlimited to communicate the experiences and needs of the families and children we serve.

Student Name _____ Current Grade _____

1) What is your (guardian) gender? ___ M ___ F	2) Your (guardian) date of birth? _____	3) Are you a foster parent to the children who attend Kids Unlimited programs? ___ Yes ___ No
4) Please specify your ethnicity ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Other ___ Decline to answer	5) Please specify your race ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White ___ Multiracial	6) Marital status ___ Married ___ Widowed ___ Divorced ___ Separated ___ Single

Name of Employer _____

7) Which of the following best describes your current occupation? ___ Architecture and Engineering ___ Installation, Maintenance, & Repair ___ Management ___ Arts, Design, Entertainment, Sports & Media ___ Production ___ Healthcare ___ Skilled Trade Labor (plumbing, electrical, etc) ___ General Labor ___ Sales ___ Agriculture ___ Service Industry ___ Other (please write in): _____	8) Which of the following best describes your current housing? ___ Single Family Rental ___ Multi-Family Rental ___ Home Owner ___ Mobile Home ___ Hotel/Motel ___ Living with family or friends (rent free) ___ Campground ___ Emergency Shelter ___ Other	9) Indicate your yearly household income? ___ Less than \$10,000 ___ \$10,000-\$19,999 ___ \$20,000-\$29,999 ___ \$30,000-\$39,999 ___ \$40,000-\$49,999 ___ \$50,000-\$59,999 ___ \$60,000-\$69,999 ___ \$70,000-\$79,999 ___ \$80,000-\$89,999 ___ \$90,000-\$99,999 ___ \$100,000 or more
10) Employment status ___ Paid employee ___ Self-employed ___ Currently unemployed, but looking for work. ___ Currently unemployed, but not looking for work ___ Stay at home parent ___ Student ___ Retired ___ Unable to work	11) What is the highest level of education you have completed? ___ High school diploma or GED ___ Some college (less than 1 year) ___ 1 or more year of college (no degree) ___ Associates degree ___ Bachelor's degree ___ Master's degree ___ Professional degree ___ Doctorate degree ___ Completed up to 9th-11th grade ___ Completed up to 8th grade ___ Completed elementary school	



Directions: Please respond to each question by writing an "X" in the box which best explains your experience.

Safety/Medical/Basic Needs			
	Never	Sometimes	Always
12) My child sees a doctor or nurse when needed.			
13) My child is safe from violence/crime in my home.			
14) My child is safe from violence/crime in my neighborhood.			
15) My child has enough food available at home.			
16) Our family has reliable transportation.			
17) Our family uses public transportation.			
18) Our family received free or reduced cost support for basic needs (health insurance, food, childcare, housing).			
19) I received quality medical care while I or my child's mother was pregnant with my child.			
20) I have or friends/family have been sentenced to jail/prison.			
21) Put a check next to the items that are a regular source of stress for your family: ____ Health Insurance ____ Money ____ Food ____ Safe/Consistent Housing ____ Child's Behavior ____ Unsafe Neighborhood ____ Transportation ____ Abuse ____ Lack of Education ____ Legal Issues ____ Lack of Support ____ Employment ____ Violence/Crime ____ Addiction ____ Marriage/Relationship			
22) Is English your primary language? ____ Yes ____ No	23) Is English your child's primary language? ____ Yes ____ No		
24) Does your child receive any special services you would like us to be aware of? ____ Yes ____ No	25) Do you have a child that previously attended or is currently attending Head Start? ____ Yes ____ No		
26) Would you like information about continuing your education? ____ Yes ____ No	27) Would you like information about Head Start programs? ____ Yes ____ No		
28) Are there foster children living in your home? ____ Yes ____ No			



VISUAL & AUDIO RECORDINGS/PHOTO RELEASE OPT-OUT FORM

Kids Unlimited staff often take photos and videos of students during field trips, camps, and in 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. We will make every effort to protect the privacy of your child/children.

I understand that my child's/children's 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.

Student's Name _____

☐ **NO**-DO NOT publish my child's image, video presence, or voice in school's advertising, website images, social media, or other purposes.

☐ **YES**-You can publish my child's image, video presence, or voice in school's advertising, website images, social media, or other purposes.

Parent/Guardian's Name (Printed) _____

Parent/Guardian's Signature _____ **Date** _____

Kids Unlimited

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



KidsUnlimitedofOregon



kidsunlimited98



KidsUnlimited98



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	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



Kids Unlimited After School Program Fee Schedule

Description	Fee Amount
Annual Registration Fee	\$20 per family
Monthly Fee <i>Due by the 1st of each month and late by the 15th</i>	\$250 per child To apply for a scholarship bring in a copy of your most recent pay stubs or current tax return.
Late Child Pick-Up Fee <i>For picking up child after 6:00 pm</i>	\$15 for the first 15 minutes 6:00-6:15 and \$30 for every 15 minutes afterwards.
Returned Check Fee	\$25.00 per check

In order to provide for more consistent care that covers all operating costs there will be no credit given when a child does not attend program. All fees are due the 1st of the month and late by the 15th of each month. The billing office will print your bill at the beginning of each month and your Site Manager will give it to you during the after school program.

Accounts that become behind in payment are subject to dismissal from the afterschool program. Removal of your child(ren) from the after school program will involve *another* registration process for re-enrollment.

Employment Related Daycare(ERDC)

Low income working families may be eligible for financial help with child care costs. ERDC is a subsidy program. This means eligible families may still pay part of the child care cost. This amount depends on the family's income, size, and the amount the child care provider charges.

Monthly fees can be paid in one of these four easy ways:

1. On site

Site Managers during the after school program accept check, cash (no change available), and debit/credit card payments. A receipt will be given for all transactions.

2. Over the phone

Call 541-774-3900 to make a debit/credit card payment over the phone to our billing office.

3. Online

Make a payment online at www.MyProcare.com

- A. Go to www.MyProcare.com and log in. If you haven't already set up an account, just use the email address you have on file with Kids Unlimited to get started.
- B. Once you've logged in:
 - a. Choose the *Pay* button.
 - b. Fill in the debit/credit card information and the amount.
 - c. Select *Pay Now*.

4. Automatic Payment with Tuition Express on the 1st or 15th of each month.

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 your bank account. If interested, please fill out the attached authorization form.

