

Come & Join Us!

KIDS UNLIMITED

WINTER CAMP

7:30-5:30



**KIDS
UNLIMITED**



DECEMBER 22,23,26,29,30 & JAN 2

Closed December 24, 25, 31 & January 1st

LOCATION:

**Kids Unlimited Academy
821 N Riverside Avenue,
Medford**

\$10 Per Day: Current students enrolled in
KU or KUA afterschool enrichment*

*Past balances must be paid

\$40 Per Day: Students NOT enrolled in
KU or KUA afterschool enrichment.

**SPORTS | ARTS & CRAFTS | STEM | MEALS
FIELD TRIPS | FRIENDS & TONS OF FUN!**

FOR MORE INFORMATION



541-774-3900

jpatterson@kuaoregon.org

**KG-5th
Grade**



Kids Unlimited Health Form for Winter Break 2025-26

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: _____

Parent/Caregiver 1: _____ Phone: _____ Work: _____

Parent/Caregiver 1 Email: *(This is how we communicate with families)* _____

Parent/Caregiver 2: _____ Phone: _____ Work: _____

Parent/Caregiver 2 Email: _____

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

I permit my child to watch PG-rated movies: ☐ YES ☐ NO

My child's picture may be used for promotional purposes: ☐ YES ☐ NO May attend Field Trips: ☐ YES ☐ NO

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 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 all dietary modifications. _____

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

MEDICAL: Please list any medical conditions that may be helpful for the staff to know about (things like recent surgeries, healing injuries, or ongoing conditions requiring 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** medicine has been sent to program with this person.

Weeks: Students NOT enrolled in a KU/KUA Afterschool Program are \$40 per day. Current students, \$10 per day.

☐ Monday 12/22 ☐ Tuesday 12/23 ☐ Friday 12/26 *(Closed Wednesday 12/24 & Thursday 12/25)*

☐ Monday 12/29 ☐ Thursday 12/30 ☐ Friday 1/2 *(Closed Wednesday 12/31 and Thursday 1/1)*

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/Caregiver ☐ Grandparent ☐ Foster ☐ Other _____
 Name _____ Phone: _____ Work Phone: _____
 Address if different from student: _____ City _____ Zip _____
 Employer _____ Email Address _____
 Is someone willing to pay tuition for you? ☐ Yes ☐ No **Third Party Agreement** with: ☐ ERDC ☐ 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 additional 15 minutes. 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 result in my child's dismissal without refund of fees. We are committed to inclusivity and strive to accommodate diverse needs whenever possible. However, we are unable to provide one-on-one support for children requiring individualized care.

☐ **FIELD TRIPS:** Occasionally, students may 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:** 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 issued for missed days.

☐ **CHANGES/CANCELLATIONS:** To ensure proper processing, a minimum of 5 days' notice is required for cancellation. A refund or credit will be issued upon adequate notice for tuition paid in advance. Refunds will not be issued if the student stops attending without providing at least 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.

☐ **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.

A Non-Sufficient Funds fee of \$25 will be applied to all returned payments.

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 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 any injury or illness my child may sustain as a result of their physical condition or participation in any Kids Unlimited activity. I hereby release, discharge, and agree not to sue Kids Unlimited, its employees, officers, or directors for any claims of injury, illness, loss, or damage my child may experience as a result of participating in the program. I hereby give Kids Unlimited permission to use their discretion in obtaining medical services for myself and/or my child. I permit 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 covered by my insurance or my available benefit plan, or that of my spouse. To better serve your child, we work closely with the school to monitor grades and attendance. By signing below, you are permitting us to access your child's grades, attendance records, behavioral data, and test scores. Kids Unlimited programs are unique because they are founded on the principle of 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 that kids receive the support they need 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, understand, and agree to this release and waiver.

Print Name: _____ **Signed:** _____ **Date:** _____

