

# KIDS UNLIMITED

# Spring Camp

March 23-27, 2026  
7:30am-5:30pm

## Daily Themes

### 3/23 MONDAY: OUT OF THIS WORLD

 Students will explore space through creative art projects, hands-on building challenges, and engaging STEM activities inspired by the solar system.

### 3/24 TUESDAY: DRAGONS & FAIRIES

 Step into a magical world filled with dragons, fairies, and enchanted creations!

### 3/25 WEDNESDAY: SPY ACADEMY

 Train like a secret agent as we create secret codes, explore invisible ink, and more!

### 3/26 THURSDAY: JR. SCIENTIST

 A day of exciting experiments, interactive STEM exploration, and creative science-inspired projects.

### 3/27 FRIDAY: SUPERHERO

 Create your own superhero identity, craft a custom mask, and mix up slime "villain traps" in this hands-on creative day.

## Fees

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

*\*Past balances must be paid*

**\$50 Per Day:** Students NOT enrolled in KU or KUA afterschool enrichment.

# KIDS UNLIMITED

KG-5th Grade

## Location

Kids Unlimited Academy  
821 N Riverside Ave, Medford

## For More Information

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## Kids Unlimited Health Form for Spring Break 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: \_\_\_\_\_

Parent/Caregiver 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Caregiver 1 Email: (email 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/MEDICAL DIETARY NEEDS:** Please list any diagnosed allergies or medically required dietary restrictions.

**\*A doctor's note is required for food allergies and any condition requiring special dietary accommodations.**

**MEDICAL/OTHER:** Please share any relevant behavioral, physical, emotional, mental, or medical information (including recent surgeries, injuries, or ongoing conditions) that staff should be aware of: \_\_\_\_\_

**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.

### Which days will your child be attending Spring Camp? (Check all that apply)

**Students NOT enrolled in a KU/KUA Afterschool Program are \$50 per day. Current students are \$10 per day.**

Monday 3/23     Tuesday 3/24     Wednesday 3/25     Thursday 3/26     Friday 3/27

**Office Use Only:** Intake staff initials \_\_\_\_\_ Date Rcv'd \_\_\_\_\_ Prior participant \_\_\_\_\_ Previous balance \_\_\_\_\_

Total Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_ Check # \_\_\_\_\_ Scholarship amount \_\_\_\_\_ Payment arrangements? \_\_\_\_\_

**Financially Responsible Party**Relationship to Student:  Parent  Grandparent  Foster  Other \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from student: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Is someone willing to pay tuition for you?  Yes  No **Third Party Agreement** with:  ERDC  Other \_\_\_\_\_**Agreements: 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're 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.

**MISSING DAYS:** 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.

**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  YESIf 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, understood, and agree to this release and waiver.**

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

