

KIDS UNLIMITED Summer Camp

Join Us for a Summer of Fun and Adventure!



JUNE 15 – AUGUST 7

Closed 6/19 & 7/3

**LOCATIONS:
KUA
JACKSON
ROOSEVELT**

**7:30AM
TO
5:30PM**

**\$250 PER WEEK
*SCHOLARSHIPS
AVAILABLE**

FOR STUDENTS WHO
COMPLETED KG-5TH GRADE

**KIDS
UNLIMITED**

**541-774-3900
JPATTERSON@KUAOREGON.ORG**

SUMMER CAMP 2026

Weekly Themes

WEEK 1: GAME ON! – JUNE 15-18 (CLOSED FRIDAY, 6/19)

Kick off summer with high-energy games, teamwork, and movement! Campers will play classic playground games, tackle relay races and obstacle challenges, and build confidence through cooperative activities.

WEEK 2: ANIMAL ADVENTURES – JUNE 22-26

Explore the animal world through movement, creativity, and hands-on discovery! Campers will play animal-themed games, build habitats, explore life cycles, and move through animal-inspired obstacle courses. This week builds curiosity, cooperation, and a love for learning about animals.

WEEK 3: STARS, STRIPES & SUMMER FUN – JUNE 29-JULY 2 (CLOSED FRIDAY, 7/3)

Celebrate summer with red, white, and blue fun! Campers will enjoy classic games, team challenges, creative projects, and festive activities inspired by summer traditions.

WEEK 4: MAD SCIENTISTS & MESSY EXPERIMENTS – JULY 6-10

Put on your lab coats — it's time to experiment! Campers will explore exciting (and safe!) science through slime, bubbles, color reactions, and hands-on discovery. Kids will ask questions, make predictions, and learn through joyful, messy fun.

WEEK 5: UNDER THE SEA – JULY 13-17

Dive into an ocean adventure filled with creativity and exploration! Campers will learn about sea creatures, ocean habitats, and underwater movement through games, crafts, and hands-on STEM activities.

WEEK 6: BUILD IT! – JULY 20-24

Design, build, and test all week long! Campers will take on engineering challenges, construction projects, and creative builds using everyday materials.

WEEK 7: FUN WITH FOOD – JULY 27-31

No kitchen needed! Get creative with food-inspired fun! Campers will make no-cook snacks, create edible art, try ziplock bag ice cream, and design food-inspired projects. This week blends creativity, fine motor skills, and joyful eating.

WEEK 8: SUMMER CELEBRATION – AUGUST 3-7

End summer with memories, friendships, and FUN! Campers will make friendship bracelets, tie-dye, create memory books, enjoy talent showcases, and celebrate their favorite camp moments.

WEEKLY FEE: \$250

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

INCLUDES:
Breakfast, Lunch &
Snack

Fieldtrips &
All Activities

**NON-REFUNDABLE
DEPOSIT:** In order to
reserve your student's
spot, we will charge \$10
per week, per child.

**FOR STUDENTS WHO
COMPLETED KG-5TH GRADE**

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Kids Unlimited Summer Camp Health Form

Last Grade Completed in 2025-26 KG 1st 2nd 3rd 4th 5th

Birthdate: _____ Grade Completed 2025-26: _____ School: _____
Child's Name: _____ Gender: Male Female
Address: _____ City: _____ Zip: _____
Child Lives with: Both Parents Mother Father 50/50 Other: _____
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: _____

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

Does your child need a life vest when swimming? YES NO
I give permission for my child to watch PG-rated movies: YES NO
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/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/BEHAVIOR/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 or over the counter), you must fill out a permission form.
 My child takes **NO** medications on a routine basis, **AND NO** medicine has been sent to program with this person.
KU does not supply sunscreen. Families are responsible for sending sunscreen with their child.
I allow my child to apply their own sunscreen as needed while attending the program. YES NO

Is your child/children covered by Health Insurance? YES NO If Yes, which type of insurance:
 Oregon Health Plan/Medicaid Work-Related Health Insurance Private Insurance
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 services 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/Caregiver ___Grandparent ___Foster ___Other: _____
 Name: _____ Last Name: _____ **Number of people in household:** ___
 Address if different from student _____ City _____ Zip _____
 Phone: _____ Email Address: _____
 Employer _____ Work Phone _____
 Is someone willing to pay tuition for you? ___YES ___NO **Third-Party Agreement** with: ___Migrant Ed ___Other: _____
 Do you currently receive any of the following? ___ERDC ___SNAP ___TANF ___OHP ___HAJC

Family Income & Ethnicity

___\$0-14,999 ___\$15,000-25,000 ___\$26,000-40,000 ___\$40,000+ *Private-used only for funding purposes.
 ___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 afterward. 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 who require 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.
- _____ **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:** 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/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 issued for vacation, sick, or any missed days.
- _____ **CHANGES/CANCELLATIONS:** Written notice is required at least 5 days prior to cancellation to receive a refund or credit for prepaid tuition. No refunds will be issued without written notice or for absences due to weather, power, or water 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.

Weekly fees are due 7 days before 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 Kids Unlimited Academy
- Camp at Jackson Elementary
- Camp at Roosevelt Elementary

SUMMER CAMP \$250 PER WEEK: **Closed June 19 and July 3*

- Week 1** June 15-18* **Week 2** June 22-26 **Week 3** June 29-July 2* **Week 4** July 6-10
- Week 5** July 13-17 **Week 6** July 20-24 **Week 7** July 27-31 **Week 8** August 3-7

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

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

Student's Name _____

LIFE JACKET

As part of our summer camp activities, your child may have the opportunity to participate in swimming at a local pool. Safety is our top priority, and we want to ensure every child is supported appropriately based on their swimming ability. **Note:** *Certified lifeguards will be present at all times, and staff will monitor swimmers closely. Camp staff reserve the right to require a lifejacket if safety concerns arise.*

Please complete the form below to indicate whether your child **needs to wear a lifejacket** during swim time.

- YES**, my child needs to wear a lifejacket at all times while in the pool.
- NO**, my child does not need to wear a lifejacket and is comfortable swimming without one.

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 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.

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 the school's advertising, website images, social media, or other purposes.

Parent/Guardian's Name (Printed) _____

Parent/Guardian's Signature _____ Date _____



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 **Kids Unlimited** 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



A service of

