

Kids Unlimited

Afterschool Program



ABOUT US

Monday-Friday, Directly Afterschool until 5:30pm

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

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!

Tuition

\$250 Per Month

\$20 Registration Fee

We accept ERDC & HAJC

***Scholarships available**

SCHOOLS

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





(Office use only) START DATE: _____

Kids Unlimited Health Form 2026-2027

Date of Birth: _____ Grade for 2026-27: _____ 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
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/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/over the counter, you need to 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.

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 _____

Do you currently receive any of the following? ___ ERDC ___ SNAP ___ TANF ___ OHP ___ HAJC

Number of people in household: _____

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:** ☐ 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 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.

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: 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 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 & HAIC & 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 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. 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Kids Unlimited provides free language and disability assistance and accommodations upon request. Please contact Fred Holloway at 541-774-3900 ext 142 for more information.

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:** _____

Kids Unlimited Family Demographic Survey

The information in this survey is anonymous and will only be used by Kids Unlimited to communicate the experiences and needs of the families and children we serve.

Student Name: _____ **Student Grade:** _____

Parent/Guardian Name: _____

Marital Status:

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ Partnered / Domestic partnership / Cohabiting
- ☐ Prefer not to answer

Household Income (yearly)

- \$0-\$10,000
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000+
- Prefer not to answer

Guardian's highest level of education completed?

- ☐ Completed elementary school
- ☐ Completed up to 8th grade
- ☐ Completed up to 9th–11th grade
- ☐ High school diploma or GED
- ☐ Some college/trade school (less than 1 year)
- ☐ 1 or more years of college/trade school (no degree)
- ☐ Trade / vocational school certificate or diploma
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree (JD, MD, etc.)
- ☐ Doctorate (PhD, EdD, etc.)

Guardian's employment status

- ☐ Paid employee (full-time or part-time)
- Self-employed / Freelance
- Currently unemployed, but looking for work.
- Currently unemployed, but not looking for work
- Stay-at-home parent / caregiver
- Student
- Retired
- Unable to work (disability, long-term illness)
- Seasonal / Temporary worker



Housing (*mark only one*)

- ☐ **Permanent Housing** (Single-Family Rental, Multi-Family Rental, Homeowner, Mobile Home)
- ☐ **Temporary or Transitional Housing** (Hotel/Motel/ Extended Stay, Campground, Student Housing or Dormitory, Transitional or Supportive Housing, Living with Family or Friends rent-free, Short-term rentals)
- ☐ **Emergency Housing** (Emergency Shelters, Disaster Relief Housing, Crisis Shelters)
- ☐ **Unhoused or Unsheltered** (Living in a car, tent, street, abandoned building, or other places not meant for habitation)
- ☐ Other: _____

Which of the following best describes your current occupation?

- ☐ **Education & Training** (teachers, professors, tutors, trainers, childcare workers, school aides)
- ☐ **Service Industry & Hospitality** (cashier, cleaners, housekeepers, restaurant staff, retail workers, nail technician, hairstylist, hotel staff, tourism, recreation workers)
- ☐ **Agriculture, Forestry & Natural Resources** (farmers, ranchers, fishers, loggers, environmental technicians)
- ☐ **Construction, Installation & Skilled Trades** (landscaper, painter, roofer, plumbing, electrical, HVAC, carpentry, welding, warehouse/stock worker, general labor)
- ☐ **Transportation** (truck drivers, pilots, bus driver, delivery driver (Uber, Lyft, DoorDash, UPS, FedEx, Amazon)
- ☐ **Production & Manufacturing** (factory workers, machinists, assemblers, quality control technicians)
- ☐ **Management & Business Operations** (supervisors, human resources, office administrator, project managers)
- ☐ **Finance & Administration** (accountants, bankers, insurance agents, payroll, office clerks)
- ☐ **Information Technology & Computer Science** (software developers, IT support, cybersecurity, data analysts)
- ☐ **Architecture & Engineering** (architects, civil engineers, mechanical engineers, surveyors)
- ☐ **Healthcare & Social Assistance** (doctors, nurses, therapists, caregivers, social workers, counselors)
- ☐ **Law, Public Safety & Security** (lawyers, judges, police, firefighters, corrections officers, security guards)
- ☐ **Arts, Design, Entertainment, Media & Sports** (artists, designers, musicians, actors, athletes, coaches, writers, journalists)
- ☐ **Science, Research & Technology Development** (biologists, chemists, physicists, environmental scientists, lab technicians, researchers)
- ☐ **Government, Military & Public Administration** (civil service workers, elected officials, policy analysts, military personnel)
- ☐ Not currently working
- ☐ Other: _____

Total Number of People in Your Household: _____

What language is primarily spoken in your home?

- ☐ English
- ☐ Spanish
- ☐ Both English and Spanish
- ☐ Other (please specify) _____





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.

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 **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)	☐ Checking	☐ 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 tax return.
Late Child Pick-Up Fee <i>For picking up child after 5:30 pm</i>	\$15 for the first 15 minutes, 5:30-5:45, and \$30 for every 15 minutes afterwards.
Returned Check Fee	\$25.00 per check

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 on the 1st of the month and are considered 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 afterschool program.

Accounts that become behind in payment are subject to dismissal from the afterschool program. Removal of your child(ren) from the afterschool 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 afterschool program accept checks, 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 payments to be made from your bank account. If interested, please fill out the attached authorization form.

