



**St. John United Methodist Church
Afterschool Adventures and Kids Club
12700 W. Hwy. 42, Prospect, KY 40059
Registration/Medical Release Form
Summer 2023**

Student's grade (entering 2023-2024) _____ Student's t-shirt size _____

Student's Name _____ Date of Birth _____ Gender _____

Address _____ City _____ Zip _____

Parent #1 _____ Cell Number _____

Employer _____ Work Number _____

Email _____ Home Number _____

Address (if different than child) _____

Parent #2 _____ Cell Number _____

Employer _____ Work Number _____

Email _____ Home Number _____

Address (if different than child) _____

Authorized and Emergency Pick Up:

Those listed below are authorized to remove my child from ST. John Afterschool Adventure and Kids Club. *Please call PRIOR to inform us that this person will be picking up your child.* **PLEASE HAVE ID AND GIVE YOUR KEYPAD INFORMATION TO PERSON PICKING UP YOUR CHILD. PLEASE PLACE AN ASTERISK (*) NEXT TO THE NAME IF IT CAN BE USED AS AN EMERGENCY CONTACT.**

Name _____ Phone _____

Relation _____ Emergency Contact? Yes _____ No _____

Name _____ Phone _____

Relation _____ Emergency Contact? Yes _____ No _____

Name _____ Phone _____

Relation _____ Emergency Contact? Yes _____ No _____

Name _____ Phone _____

Relation _____ Emergency Contact? Yes _____ No _____

**Unless there is a specific Custody Order from a Kentucky Court on file with St. John Afterschool Adventures and Kids Club, a child may be released to the non-custodial parent*

Medical Information:

Hospital Preference _____ Address/Phone _____

Pediatrician Name _____ Phone _____

Pediatrician Email _____

Insurance Carrier _____ Policy Number _____

Does your child have any allergies? Yes _____ No _____ If so, please list:

Does your child have any known medical conditions, which we should be aware? Yes _____ NO _____

If yes, please specify: _____

Does your child possess an EpiPen? Yes _____ No _____ If so, please give to the office in its original package with Dr. note.

Signature:

I authorize the following staff personnel to act in our child's behalf and agree to "hold them harmless" for any treatment rendered.

Name(s) or write "any and all" _____

The waiver applies only if neither parent/guardian can be reached in the case of emergency.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*What is your church home? _____

*Would you like more information about St. John United Methodist Church? _____

Office use only: Register Fee paid: _____ Check # & date received: _____



St. John United Methodist Church
 Afterschool Adventures and Kids Club
 12700 West Highway 42, Prospect, KY 40059
RESERVATION Summer 2022

***Please circle days and package you are contracting for.

Full-Time FIVE DAYS PER WEEK *5 days' vacation per child – must be used **consecutively**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$135.00 week/1 child (\$27/day)
 \$257.00 week/2 children (-10% = +\$122/week~\$24.40/day)
 \$372.00 week/3 children (-15% = + \$115/week ~ \$23/day)

Parent's Signature _____

Part-Time THREE DAYS PER WEEK *3 days' vacation per child - must be used **consecutively**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$107.00 week/1 child (\$35.66/day)
 \$182.00 week/2 children (-10% = +\$97/week ~ \$32.33/day)
 \$277.00 week/3 children (-15% = +91/week ~ \$30.33/day)

Parent's Signature _____

TWO DAYS PER WEEK *2 days' vacation per child – must be used **consecutively**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$80.00 week/1 child (\$40/day)
 \$152.00 week/2 children (-10% = +\$72/week ~ \$36/day)
 \$220.00/3 children (-15% = +\$68/week ~ \$34/day)

Parent's Signature _____

\$50.00/day/per child LATE NOTICE/DROP IN (if space is available)

Registration Fees: \$60.00 First child
 \$110.00 Family

***** Please note that you will be responsible for activity fees on the days you have contracted for that are field trip days. A credit will not be given if your child does not attend the field trip.**

***** We do offer scholarships for our families in need. Please contact Cheryl or Tina for applications.**

- The above rates include two snacks.
- You must indicate what days your child will attend. **You are responsible for paying for the days we are in session, regardless of whether your child attends (unless you use vacation week).**
- On special days, we will be serving (optional) lunch at \$5.00 per child.
- On Field Trip days there will be a charge, amount to be determined, per field trip per child.

Tuition Agreement

St. John’s Afterschool Adventure and Kids Club Camp
12700 West Highway 42, Prospect, Ky 40059



Families may make payments easily through the Procure app or website, or via check or cash.

Procure Notes:

- The amount to be paid can be edited by clicking on the pencil icon in the app or website.
- Auto-pay drafts will post on the due date (Fridays), not on the invoice date (Tuesday).
- Families can access payment statements and receipts from the Procure website, procure.com

Setting up Autopay through Procure is strongly encouraged. It is the simplest way to ensure on time payment for your tuition. You can also choose to pay manually through the Procure app, but the fees still apply.

- As stated in our handbook, a \$5.00 late fee will be assessed if tuition payment has not been received by 12 pm (noon) each Monday.
- If using your vacation credit, we must have it in writing 1 week prior to the week.
- If you need to withdraw your child(ren) from the Kid’s Club program, you will need to give **2 WEEKS WRITTEN NOTICE**.

PLEASE CHOOSE ONE PAYMENT FORM:

ACH Withdrawal through Procure (from checking account) - **AUTOPAY**

ACH Withdrawal through Procure (from checking account) – **MANUAL**: *Note: we need to turn AUTOPAY off if you do not wish to have payments withdrawn automatically*

Card payment through Procure (**AUTOPAY** (**MANUAL**

Check or cash in person

NOTES: _____

CHILD(REN)’S NAME

PARENT’S NAME (PRINT)

PARENT/GUARDIAN’S SIGNATURE

DATE

St. John Afterschool Adventure and Kids Club Camp 2021
Transportation Permission for
Disaster Preparedness Reunification

We, the parents of _____

understand that the staff of St. John Kids Club Camp as well as church staff members will be allowed to transport my child(ren) to the disaster relocation site by their personal vehicles.

Parent/Guardian Signature: _____ Date _____

St. John's Kids Club Camp
SUNSCREEN PERMISSION FORM 2022

We give our permission for the St. John Kids Club Camp staff to apply sunscreen on our child: _____.

We understand that the sunscreen will be provided by St. John's Kids Club Camp, unless we state otherwise. We authorize the staff personnel to act on our child's behalf and agree to "hold them harmless" if any medical treatments need to be rendered: "**any and all.**" We release the St. John Kids Club Camp staff from liability related to sunscreen issues.

_____ Yes, my child will be using the lotion provided by St. John's Kid Club Camp.

_____ No, my child will be using the lotion I have provided.

Parent/Guardian Signature _____ Date _____

St. John's Kids Club Camp
SWIMMING POOL PERMISSION FORM SUMMER 2022

Child's Name _____

Does your child always require a floatation device? YES _____ NO _____

If your child needs a floatation device, **you are required to supply one each swim day.** If your child does not have their floatation device, they will NOT be allowed to swim that day.

We will be swimming at the Jeffersonville Aquatic Center, located at 2107 Middle Road Jeffersonville, IN 47130

Please circle Yes or No to each question below:

	Allowed	Floatation Device
Splash Pad	Yes or No	Yes or No
Shallow End (3 ft. deep)	Yes or No	Yes or No
Deep End (4-9 ft. deep)	Yes or No	Yes or No
Diving Board (11 ft. deep)	Yes or No	Yes or No
Slide (Land in 4 ft deep area)	Yes or No	Not premitted

****Children who need to always wear a floatation device, will NOT be allowed to enter deep end or diving board area.**

Parent Signature: _____ Date: _____

**** Changes may be made at anytime to this form by written request.**

I release the St. John's Kids Club Camp Staff and Directors from liability related to injury in the pool/or pool side areas.

Parent/Guardian Signature: _____ Date: _____

St. John's Afterschool Adventures and Kids Club Camp
PERMISSION TO PHOTOGRAPH CHILD 2022

I give permission for my child, _____, photo to be taken and published

(NO NAMES WILL BE USED)

_____ The St. John's church, Afterschool Adventures, and Kids Club Camp website

_____ The St. John's church, Afterschool Adventures, and Kids Club Camp bulletin boards

_____ The St. John's church, Afterschool Adventures, and Kids Club Camp Facebook page

_____ The St. John's church, Afterschool Adventures, and Kids Club Camp ProCare app

_____ No, I do not give permission for my child to be photographed.

Parent/Guardian Signature: _____ Date: _____

*****Changes may be made at any time to this form by a written request.**

St. John United Methodist Church
Afterschool Adventures and Kids Club Camp
12700 West Highway 42 Prospect, KY 40059
Phone: 753-1767



We, the parent(s)/guardian(s) of _____ have read the St. John's Kids Club Camp Handbook for Summer, 2022.

We understand and agree to comply with the following policies: *(please initial)*

- _____ Tuition Guidelines and Late Fees
- _____ Discipline Policy
- _____ Attendance
- _____ Health Rules
- _____ Vacation Policies
- _____ Parent Emergency/Disaster Preparedness Reunification
- _____ Swimming Pool Permission Form
- _____ Sunscreen Permission Form
- _____ Photo Permission Form
- _____ Release to Participate
- _____ Immunization Certificate

Parent/Guardian Signature: _____ Date: _____

****This Form must be returned with all registration forms prior to your child's first day.**

St. John's Afterschool Adventures and Kids Club Camp
12700 West Highway 42, Prospect, KY 40059
Release to Participate 2022

**Please initial each statement.*

_____ St. John's Afterschool Adventures and Kids Club Camp is owned and operated by St. John United Methodist Church. Our program space includes the gymnasium, classrooms on our side of the building, classrooms in the upper and lower levels, a large room known as "The Barn", two fenced playgrounds, a fenced field, and the rear parking lot.

_____ I give my permission for my child to walk to and use these areas on the church's premise. My child is also allowed to participate in activities provided by the staff of the licensed childcare program. Supervision will be always maintained by qualified adult staff.

_____ St. John's Afterschool Adventure and Kids Club are not responsible if your child contracts COVID-19 while attending our program.

_____ If my child becomes ill (fever or contagious symptoms), you will be called to pick up your child within an hour from receiving a call. A child should be fever and symptom free for at least 24 hours before returning to the childcare program.

_____ I understand that I am responsible for payment for the days that our child(ren) is contracted including field trips or special activities such as Movement Class with Ms. Sanders.

Child's Name _____ Date _____

Parent/Guardian Signature _____