



Saint John United Methodist Church  
 Afterschool Adventures and Kids Club  
 12700 W. Hwy. 42, Prospect, KY 40059  
 Registration/Medical Release Form  
 2024-2025

Student's Grade (2024-2025 school year) \_\_\_\_\_ School \_\_\_\_\_

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) \_\_\_\_\_

Please send a message via email or ProCare **PRIOR** to inform us when a person, other than parents/guardians listed above, will be picking up your child. If we do not have a message via email or ProCare, your child(ren) will not be released until received. **PLEASE DO NOT GIVE YOUR DOOR CODE TO ANYONE (ie. Babysitters, grandparents, neighbors, etc.). PLEASE HAVE PERSON BRING IN PICTURE ID WHEN PICKING UP YOUR CHILD(REN) AND RING DOORBELL.**

**Emergency Call:**

Those listed below will be called in event of an emergency at St. John's Afterschool Adventure and Kids Club Summer Camp.

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 \_\_\_\_\_

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 of? 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 case of emergency.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*What is your church home? \_\_\_\_\_

\*Would you like more information about Saint John United Methodist Church? \_\_\_\_\_

Office use only: Registration Fee Amount: \_\_\_\_\_ Check Number & Date Paid/Charged: \_\_\_\_\_

Saint John United Methodist Church  
After School Adventures  
12700 W. Hwy. 42, Prospect, KY 40059  
Reservation and Tuition Contract  
SCHOOL YEAR 2024-2025

I would like to register \_\_\_\_\_

for After School Adventures at Saint John United Methodist Church for  
the following days each week (circle the days contracting for):

MON    TUE    WED    THR    FRI

Please complete this form and return it with your registration form and  
\$60.00 one child, \$110.00 family non-refundable registration fee.

1. This form determines which days your child is expected to attend. Please let us know if your child will be absent the days circled.
  
2. I understand that I am responsible for payment for these days unless I elect to use vacation time. One week's written notice must be given prior to using vacation time.
  
3. I have read and understand that if I sign up for a full day and cancel after the cut-off date, I am responsible for payment in full including field trips if applicable.
  
4. If you need to withdraw your child(ren) from the AfterSchool Adventures Program, you will need to give **2 WEEKS WRITTEN NOTICE**.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_



Saint John United Methodist Church  
Afterschool Adventures and Kids Club  
12700 West Highway 42, Prospect, KY 40059  
**RESERVATION FALL 2024 - 2025**

**Full-Time** FIVE DAYS PER WEEK

MONDAY                  TUESDAY                  WEDNESDAY                  THURSDAY                  FRIDAY

Tuition: \$83.00 week/1 child (\$16.60/day)

\$153.55 week/2 children (-15% = \$70.55/week ~ \$14.11/day)

\$219.95 week/3 children (-20% = \$66.40/week ~ \$13.28/day)

\* 2 weeks' vacation (must use 5 days consecutively – **must give one week's written notice of plan to use vacation credit**)

**You are responsible for paying for the days we are in session, regardless of whether your child attends (unless you use vacation days).**

**Early Release (12:30pm-2:30pm)**

\$8 (\$4/Hour)

**FULL DAY (7:30 a.m. - 6:00 p.m. - snow days, in-service days, and non-national holidays)**

\$42.00/daily total for 1 child (\$25.40/day invoice will be billed separately)

\$77.70/daily total for 2 children (-15% = \$21.59/day for 2<sup>nd</sup> child, invoice will be billed separately)

\$111.30/daily total for 3 children (-20% = \$20.32/day for 3<sup>rd</sup> child, invoice will be billed separately)

\$52.00/ daily /per child (LATE NOTICE/DROP IN)

- This will include two snacks.
- Your child will need to bring their lunch and a drink. **There is no refrigeration.**
- Two weeks prior to any full-day (except snow-days) a google survey/reservation will be sent via ProCare for the date(s). Due to staff scheduling, if you sign your child(ren) up for a full day, **you are responsible for paying for the day(s), regardless of whether your child attends. If you need to sign up your child(ren) for a full day after the cut-off day (usually a week prior to the date), you will be assessed the drop-in fee.**
- On Full Days we may offer lunch. We will let you know in advance what the cost will be. These lunches are optional, and your child(ren) can bring their lunch. The cost of the lunch will be billed separately via ProCare.
- On Field Trip days there will be a charge, amount to be determined, per field trip per child.
- If your child is signed up for a Field Trip, **you will be responsible for payment for the Field Trip whether your child(ren) attends or not.**

**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**

Saint John Afterschool Adventure and Kids Club Camp 2024 - 2025  
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 \_\_\_\_\_

Saint John's Kids Club Camp  
SUNSCREEN PERMISSION FORM 2024 - 2025

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

\_\_\_\_\_.

We understand that the sunscreen will be provided by Saint 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 Saint John's Kid Club Camp.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Saint 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 Saint John's Afterschool Adventures Handbook for the School Year, 2024-2025.

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
- \_\_\_\_\_ Photo Permission Form
- \_\_\_\_\_ Release to Participate
- \_\_\_\_\_ Immunization Certificate
- \_\_\_\_\_ Alternate Pick-Up Policy

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Saint John's Afterschool Adventures and Kids Club Camp  
12700 West Highway 42, Prospect, KY 40059  
Release to Participate 2023 - 2024

\*Please initial each statement.

\_\_\_\_\_ Saint John's Afterschool Adventures and Kids Club Camp is owned and operated by Saint 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 permission for my child to walk to and use these areas on the church's premises. My child is also allowed to participate in activities provided by the staff of the licensed childcare program. Supervision will always be maintained by qualified adult staff.

\_\_\_\_\_ Saint 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), I will be called to pick up my child within an hour of receiving a call. **A child should be fever and symptom free for at least 24 hours before returning to the childcare program.**

\_\_\_\_\_ I agree to send a message via email or ProCare **PRIOR** to inform Saint John's AfterSchool Adventures/Kids Club Summer Camp when a person, other than parents/guardians, will be picking up my child(ren). I understand that if St. John's AfterSchool Adventures/Kids Club Summer Camp does not receive a message via email or ProCare, my child(ren) will not be released until a message has been received. I will have the authorized pick-up person bring in a picture ID and ring the doorbell when coming to pick up my child(ren).

\_\_\_\_\_ I agree NOT to give our door code to anyone (i.e. Babysitters, grandparents, neighbors, etc.).

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



Saint John's Afterschool Adventures and Kids Club Camp  
PERMISSION TO PHOTOGRAPH CHILD 2024 -2025

I give permission for my child, \_\_\_\_\_, photo to be taken and published.

(NO NAMES WILL BE USED)

\_\_\_\_\_ The Saint John's church, Afterschool Adventures, and Kids Club Camp website

\_\_\_\_\_ The Saint John's church, Afterschool Adventures, and Kids Club Camp bulletin boards

\_\_\_\_\_ The Saint John's church, Afterschool Adventures, and Kids Club Camp Facebook page

\_\_\_\_\_ The Saint 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.**