



**Saint John Community Church
 AfterSchool Adventures and Kids Club
 12700 W. Hwy. 42, Prospect, KY 40059
 Registration/Medical Release Form
 Summer 2025 & Fall 2025/2026**

Student's grade and School (*entering 2025-2026*) _____

Student's t-shirt size (\$15 to be billed separately – for Field trips) _____

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) _____

**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*

Please send a message via ProCare PRIOR to inform us if anyone other than the parents/guardians listed above will be picking up your child(ren). If we do not have a message via email or ProCare, your child(ren) will NOT be released until received.

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 _____

PLEASE DO NOT GIVE YOUR DOOR CODE TO ANYONE (i.e., babysitters, grandparents, neighbors, etc.) PLEASE HAVE THEM BRING A PICTURE ID AND RING THE DOORBELL. Do NOT give out your Keypad information to ANYONE.

Medical Information:

Hospital Preference _____

Address/Phone _____

Pediatrician Name _____ Pediatrician Email _____

Pediatrician Phone Number _____

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

Name(s) or write "any and all"

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*What is your church home? _____

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

Office use only: Registration Fee Invoice sent: _____ Check # & date received: _____



**Saint John Community Church
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Kids Club Summer Camp 2025: Reservation and Tuition Contract

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

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

Tuition: \$142.00 week/1 child (\$28.40/day)
 \$269.80 week/2 children (-10% = +\$127.80/week~\$25.56/day)
 \$390.50 week/3 children (-15% = + \$120.70/week ~ \$24.14/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: \$114.00 week/1 child (\$38.00/day)
 \$216.60 week/2 children (-10% = +\$102.60.00/week ~ \$34.20/day)
 \$313.50 week/3 children (-15% = +96.90/week ~ \$32.30/day)

Parent's Signature _____

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

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$87.00 week/1 child (\$43.50/day)
 \$165.30 week/2 children (-10% = +\$78.30/week ~ \$39.15/day)
 \$239.25/3 children (-15% = +\$73.95/week ~ \$36.97/day)

Parent's Signature _____

\$56.00/day/per child LATE NOTICE/DROP IN (if space is available)

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

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



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AfterSchool Adventures 2025/2026: Reservation Contract

***Please circle days and package you are contracting for. This form determines which days your child is expected to attend. Please let us know if your child will be absent the days circled via a message on ProCare.

Full-Time FIVE DAYS PER WEEK * 2 weeks' (14 days) vacation/per family

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$87.00 week/1 child (\$17.40/day)
 \$165.30 week/2 children (-10% = \$78.30/week ~ \$15.66/day)
 \$239.25 week/3 children (-15% = \$73.95/week ~ \$14.79/day)

Parent's Signature _____

You are responsible for paying for the days we are in session, regardless of whether your child attends (unless you use vacation days). *Must give one week's written notice of plan to use vacation credit.*

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

\$46.00/daily total for 1 child (\$28.60/day - billed separately)
 \$87.40/daily total for 2 children (-10% = \$25.74/day for 2nd child – billed separately)
 \$126.50/daily total for 3 children (-15% = \$24.31/day for 3rd child – billed separately)

\$56.00/day/per child LATE NOTICE/DROP IN (*if space is available*)

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

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- Kids Club Summer Camp and Full Day rates will include two snacks. AfterSchool Adventures includes 1 snack.
- Your child will need to bring their lunch and a drink during Kids Club Summer Camp and Full Days. **There is not enough refrigeration space, please include a cold pack in lunches if needed.**
- On Fridays, during Kids Club Summer Camp, we will be offering 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, during Kids Club Summer Camp as well as Extended breaks during the school year, there will be a charge of \$20 per field trip per child. This charge will cover the cost of the bus, food (if offered, and destination.
- 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, unless using a vacation credit with one week's prior notice.***
- Two weeks prior to any full-day during the school year, 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.**
- If you need to withdraw your child(ren) from the AfterSchool Adventures Program or Kids Club Summer Camp, you will need to give **2 WEEKS WRITTEN NOTICE**. Due to budgeting, you will still assess tuition fees for the 2 weeks.



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Tuition Agreement:

Families may make payments easily through the Procure app or website.

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). **Setting up Autopay through Procure is strongly encouraged.**
- Families can access payment statements and receipts from the Procure website, procure.com

You can also choose to pay manually through the Procure app, but the fees will apply.

- If choosing to pay manually and not with autopay, you will assessed a \$7.50 fee per transaction, to cover the transaction fees from ProCare.
- If using your vacation credit, we must have it in writing **1 week prior to the week.** Forms are in the staircase across from the AfterSchool Adventures office.
- If you need to withdraw your child(ren) from the Saint John Kids Club Sumer Camp and/or AfterSchool Adventures, 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**

I would need payment split between 2 households (Multi-Family - MF): Yes ___ No ___

CHILD(REN)'S NAME

PARENT'S NAME (PRINT)

PARENT/GUARDIAN'S SIGNATURE

DATE



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**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 _____



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SUNSCREEN PERMISSION FORM 2025/2026

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 _____



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SWIMMING POOL PERMISSION FORM SUMMER 2025

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 be required to stay in the shallow 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
Shallow Area (3 ft. deep)	Yes or No	Yes or No
Main Pool (4-9 ft. deep)	Yes or No	Yes or No
Diving Board (11 ft. deep)	Yes or No	Not Permitted
Slide (Land in 4 ft deep area)	Yes or No	Not Permitted

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

I release the Saint John Kids Club Staff and Directors from liability related to injury in the pool/or poolside areas.

Parent Signature: _____ Date: _____

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



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PERMISSION TO PHOTOGRAPH CHILD 2025

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.**



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We, the parent(s)/guardian(s) of _____ have read the St. John’s Kids Club Camp Handbook for Summer 2024.

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

- _____ Tuition Guidelines and Late Fees
- _____ Discipline Policy *(In Handbook)*
- _____ Attendance *(in Handbook)*
- _____ Health Rules
- _____ Vacation Policies
- _____ Parent Emergency/Disaster Preparedness Reunification *(In Handbook)*
- _____ 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.**



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Release to Participate 2025

***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, the “Gaga Pit”, and the rear parking lot.

_____ I give my permission for my child to walk to the above-mentioned areas 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 always be 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(ren). 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 understand that I am responsible for payment for the days that my child is contracted, if I sign my child up for a full day and cancel after the cut-off date; and field trips if my child is signed up to attend.

_____ I understand and agree to the terms of the discipline policy as stated in the Handbook: see page 6.

Child’s Name _____ Date _____

Parent/Guardian Signature _____

