**St. John United Methodist Church**



**Afterschool Adventures and Kids Club**

**12700 W. Hwy. 42, Prospect, KY 40059**

**Registration/Medical Release Form**

**Summer 2024**

Student’s grade (*entering 2024-2025) \_\_\_\_\_\_\_\_\_\_\_* 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorized and Emergency Pick Up:***

Those listed below are to be called in case of emergency if parents/guardians cannot be reached by St. John Kids Club. *Please call or 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).* **PLEASE HAVE THEM BRING A PICTURE ID AND RING THE DOORBELL. Do NOT give out your Keypad information to ANYONE. 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*

Registration/Medical Release Pg. 2

***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 2024**

\*\*\*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: $138.00 week/1 child ($27.60/day)

$262.20 week/2 children (-10% = +$124.20/week~$24.84/day)

$379.50 week/3 children (-15% = + $117.30/week ~ $23.46/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: $110.00 week/1 child ($36.66/day)

$209.00 week/2 children (-10% = +$99.00/week ~ $33.00/day)

$302.50 week/3 children (-15% = +93.50/week ~ $31.16/day)

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: $83.00 week/1 child ($41.50/day)

$157.70 week/2 children (-10% = +$74.70/week ~ $37.35/day)

$228.25/3 children (-15% = +$70.55/week ~ $35.27/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 ($20)on the days you have contracted for that are field trip days. 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, $20, per field trip per child. The charge will cover the cost of the bus and destination.

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St. John Afterschool Adventure and Kids Club Camp 2024

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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| --- |
| St. John’s Kids Club Camp  SUNSCREEN PERMISSION FORM 2024  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 2024  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 | Not Permitted |  | |  | | | 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. | | | | | | | | | | | | | | |  |  |  |  |  | |  | | |  | |  |  |  | | 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 2024      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 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

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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 2024

**\**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 our child(ren) is contracted including field trips or special activities such as Movement Class with Ms. Sanders.

\_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_