

SCHOOL AGE CHILD CARE PROGRAM
ST. JOHN UNITED METHODIST CHURCH
12700 W. Hwy. 42, Prospect, KY 40059
REGISTRATION FORM
KIDS CLUB CAMP 2020

****T-Shirt Size** _____
Grade 2020-2021 _____

Student's Name _____ Date of Birth _____

Home Phone _____ E-Mail address: _____

Legal Address _____

Parent/Guardian _____

Child's Physician _____ Phone _____

Physician's Address _____

Hospital Preference _____

*Persons authorized to remove your child/ren from the program if parents cannot be reached.

Those listed below are authorized to remove my child/ren from the facility. Please call prior to inform us this person will be picking your child up. **PLEASE HAVE ID and give your key pad information to whom is picking up.**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

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

Does your child need any medication while in our program? Yes _____ No _____

Does your child have any medical problems of which we should know? Yes _____

No _____ If yes, please specify _____

*What is your church home? _____

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

Signature of Parent/Guardian: _____

**Unless there is a specific Custody Order from a Kentucky Court on file with the St. John School Age Child Care Program, a child may be released to the non-custodial parent.*

SCHOOL AGE CHILD CARE PROGRAM
ST. JOHN UNITED METHODIST CHURCH
12700 W. Hwy. 42, Prospect, KY 40059
MEDICAL RELEASE POLICY
KIDS CLUB CAMP - 2020

TO WHOM IT MAY CONCERN:

We(I) as parent(s) of _____,
Child's Name
_____, _____,
Child's Address Child's Birthday

do hereby authorize and direct the staff of the St. John School Age Child Care Program to initiate the following actions in the event, in their best judgment, if our child needs medical attention in our absence.

We authorize the following staff personnel to act on our child's behalf and agree to "hold them harmless" for any treatment rendered:

Name(s) or "any and all" _____

1. Notify the parents by calling the following phone numbers:

At Home: _____

At Work: (Mom) _____ (Dad) _____

Cell: (Mom) _____ (Dad) _____

In the event we cannot be reached, call the person(s) listed below:

Name _____ Phone _____

Name _____ Phone _____

If these persons cannot be reached, I give my permission for the rescue squad to be called. ____ Yes ____ No

2. You are authorized to provide any and all information available to qualified medical personnel or hospital staff without any signed specific permission to do so in the event our child is transported to any medical facility.

Insurance information, if required for admission or treatment, is as follows:

Insurance Carrier: _____

Policy Number: _____

A signature (*only one needed*) below indicates that we understand and consent to this document and will support the implementation of same.

Parent/Guardian Signature

KIDS CLUB CAMP

St. John United Methodist Church
12700 West Highway 42, Prospect, KY 40059

RESERVATION AND TUITION CONTRACT

Summer 2020

Full-Time FOUR TO FIVE DAYS PER WEEK

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$89.00/week/child Weekly Activity Fee: \$30.00/week/child
 \$156.00/week/2 children
 \$185.00/week/3 children
 \$211.00/week/4 or more children

****5 days vacation per-child**

Parent's Signature

Part-Time THREE DAYS PER WEEK

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$64.00/week/child Activity Fee \$14 per day/ per child
 \$110.00/week/2 children Tuesday, Wednesday, Thursday
 \$124.00/week/3 children
 \$138.00/week/4 or more children

****3 days vacation per-child**

Parent's Signature

Drop-In ONE-TWO DAYS PER WEEK

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Tuition: \$39.00/day/child Activity Fee \$17 per day/ per child
 \$53.00/day/2 children Tuesday, Wednesday, Thursday
 \$72.00/day/3 children
 \$81.00/day/4 or more children

****1 - 2 day vacation per-child**

Parent's Signature

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

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

*****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.**

St. John Kids Club Camp
2020

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.

Signature of Parent: _____

Date: _____

SUNSCREEN PERMISSION FORM
Club Camp
2020

We give our permission for the St. John program listed above to apply sunscreen on _____ . We understand that the sunscreen will be
(Child/ren Name)

provided by your program 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 said above programs staff from liability related to sunscreen issues.

____ Yes, my child will be using the lotion provided by the program.
____ No, my child will be using the lotion I have provided to the program.

(Parent or Guardian Signature) (Date)

PERMISSION TO PHOTOGRAPH CHILD

Kids Club Camp
2020

I give permission for _____ photo to be published.
(Child/ren Name)

(NO NAMES WILL BE USED)

YES/NO The church/Afterschool/Kids Club Camp Website/Bulletin Board

YES/No The Afterschool/Kids Club Facebook page

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

(Parent or Guardian Signature) (Date)

SWIMMING POOL PERMISSION FORM
Summer 2020

Please circle Yes or No: Does your child require a floatation device at all times? **YES OR NO**

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

Please circle **Yes** or **No** to each question below:

	Allowed	Floatation Device	
Shallow End (3 ft. deep)	Yes or No	Yes or No	** Any type floatation
Slide (3 ft. deep)	Yes or No	Yes or No	**Required: lifejacket with crotch strap ONLY
Deep End (4-9 ft. deep)	Yes or No	Yes or No	**Required: lifejacket with crotch strap ONLY
Diving Board (9 ft. deep)	Yes or No	Yes or No	**Required: lifejacket with crotch strap ONLY

Children who need to wear their floatation device at all times, will **NOT be allowed to enter deep end or diving board area.

**Children who need to wear device for diving board or deep end will be required to bring a lifejacket with a crotch strap.

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

(Parent or Guardian Signature)

(Date)

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

POLICY AND PROCEDURE ACKNOWLEDGEMENT

Kids Club Camp 2020
St. John United Methodist Church
12700 West Highway 42
Prospect, KY 40059
753-1767

We, the parent(s)/guardian(s) of _____

Have read the Kids Club Camp Handbook for Summer, 2020.

Please sign this Policy and Procedure Acknowledgement.

We understand and agree to comply with the following policies:

Tuition Guidelines and Late Fees
Discipline Policy
Attendance
Health Rules
Vacation Policies
Parent Emergency/Disaster Preparedness Reunification
Swimming Pool Permission Form
Sunscreen/Photo Permission Form
Immunization Certificate (if not already on file)

Parent/Guardian Signature

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

