

2023-24



# KIDS UNLIMITED

## AFTER SCHOOL PROGRAM

**MONDAY-FRIDAY**  
DIRECTLY AFTER SCHOOL UNTIL 6:00PM.

KU operates onsite at your child's school and follows the Medford School District calendar.

Daily enrichment activities include Art, Sports, Social & Emotional Learning and STEM. Homework assistance provided.



### Schools:

- Howard
- Jackson
- Jefferson
- Kennedy
- Oak Grove
- Roosevelt
- Washington
- Wilson

**\$200 Per Month**

\$20 Annual Registration Fee

We Accept ERDC

Scholarships are available on a sliding scale; based on income and household size.

 541-774-3900

 [jpatterson@kuaoregon.org](mailto:jpatterson@kuaoregon.org)







(Office use only)

START DATE: \_\_\_\_\_

### Kids Unlimited Health Form 2023-2024

Birthdate: Month/ Day/ Year/ Current Grade: School: Teacher:

Student First Name: Student Last Name: Gender:  Male  Female

Address: City: State: Zip:

Child Lives With  Both Parents  Mother  Father  Foster  Other

Any custody/restraining orders or other court orders we should be aware of:

Guardian 1 Name: (Phone) (Work)

Guardian 1 Email:

Guardian 2 Name: (Phone) (Work)

Guardian 2 Email:

Do siblings attend a KU Afterschool Program?  Yes  No Sibling's name(s)

Shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult XL

#### EMERGENCY CONTACT(S): OTHER THAN PARENTS AUTHORIZED TO PICK-UP (Must show picture ID to staff)

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

ALLERGIES: Please list any and all allergies, such as bee stings, food, or other:

*\*Physician's note must be supplied for food allergies and a release for Epi-pen if applicable.*

BEE: Has your child ever been stung by a bee?  No  Yes

DIETARY RESTRICTIONS: Please list any and all dietary modifications.

OTHER: Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health to which the staff should be aware.

MEDICAL: Please list any medical conditions that you think may be helpful for the staff to know about (things like recent surgeries, healing injuries, or ongoing conditions needing special attention).

MEDICATIONS: If your child takes medication/prescription/over the counter, you need to fill out a permission form Initial

My child takes NO medications on a routine basis AND NO medications have been sent to program with this person.

#### Family Income & Ethnicity

\$0-14,999  \$15,000-25,000  \$26,000-40,000  \$40,000+ \*Confidential Information for funding source statistics only

African American  Asian  Hispanic  Native American  Caucasian  Other  Decline to answer

Do you currently receive any of the following?  ERDC  SNAP  OHP  Jackson Care Connect  All Care

If not, are you interested in receiving more information/help with the process?  YES  NO Number of people in household:

Office Use Only: Intake staff initials Date Rcv'd

Prior participant  Previous balance - Amount Total Amount Paid Cash Credit Check #

Scholarship amount  Payment arrangements?  Third Party? Billing Entered by:

**Financially Responsible Party**

Relationship to Student:  Parent  Grandparent  Legal Guardian  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Address if different from student: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Email Address \_\_\_\_\_  
 Is someone willing to pay tuition for you?  Yes  No **Third Party Agreement** with:  DHS  Other \_\_\_\_\_

**Commitments: Read & Initial each line**

\_\_\_\_ **LATE PICK-UP:** Program ends at 6:00 pm each day. We will charge \$15 for the first 15 minutes (6:00-6:15) and \$30 for every 15 minutes afterward. Consistent tardiness will result in the termination of services.  
 \_\_\_\_ **BEHAVIOR:** I recognize that my child must follow acceptable standards of behavior, abide by safety instructions, and refrain from behavior that is harmful to oneself, others or property. Failure to adhere to the rules will be cause for my child's dismissal without a refund of fees.  
 \_\_\_\_ **DISCLOSURE:** I understand if my child has an IEP/Behavior Management Plan/504 Student Accommodation Form during the school year, I must disclose this and provide a copy. As an inclusive organization, we will make every effort to accommodate your child's needs when possible. While we are able to support a wide variety of exceptionalities, we are unable to offer one-on-one support for a child needing extra care. My child has: \_\_\_\_ IEP \_\_\_\_ Behavior Management Plan \_\_\_\_ 504 Student Accommodation Form  
 \_\_\_\_ **FIELD TRIPS:** Occasionally students will participate in field trips. A schedule will be provided to you for your child. If you *DO NOT* want your child to participate in field trips, please refer to the calendar and have them *NOT* attend that day.  
 \_\_\_\_ **DEPOSIT:** In order to reserve your child's spot, you will need to pay a **non-refundable \$20.00** for the current school year.  
 \_\_\_\_ **VACATION/SICKNESS/MISSING DAYS:** Please notify your Site Manager in writing if you will be leaving for any length of time so we know not to expect your child (for safety reasons). Refunds will not be given due to missed days.  
 \_\_\_\_ **CHANGES/CANCELLATIONS:** In order to assure proper processing, 5 days' notice is required for cancellation. A refund or credit will be issued for proper notice given, for tuition that was paid in advance. Refunds will not be issued if the student stops attending without 5 days' written notification. (Drop Form). No refunds are given for closures due to weather-related events or power outages.  
 \_\_\_\_ **THIRD PARTY PAYMENTS:** We welcome payments from DHS & JOBS as long as proper verification is provided. Unpaid portions (co-pays) and vouchers are the responsibility of the parent or guardian. Co-Pays are due by the 1<sup>st</sup> of the month, late by the 15<sup>th</sup>.  
 \_\_\_\_ **TUITION** is based on the family's household income and the organization's ability to subsidize those in need. The tuition amount (below) is based on the demonstrated income/expenses of the responsible party and is due monthly. Scholarship and payment arrangements that differ from the original amount must be applied for and documented prior to accounts being credited.  
**Monthly Fee \$ \_\_\_\_\_ Initial: \_\_\_\_\_ Due by the 1st of the month, late by the 15<sup>th</sup>. Non-Sufficient Funds fee of \$25 for all returned checks.**

**Health Insurance**

Is your child/children covered by Health Insurance?  No  Yes  
 -If Yes, which type of insurance: Oregon Health Plan/Medicaid \_\_\_\_ All Care \_\_\_\_ Work-Related Health Insurance \_\_\_\_ Private Insurance \_\_\_\_  
 -If No, we would like to assist you in registering for the Oregon Health Plan/Medicaid through Jackson Care Connect. For eligible children/or families, the Oregon Health Plan provides medical, dental, vision and mental health services at little or cost to the parent.  
 Name of Insured: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Student Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Student Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_  
 Ins Co Address: \_\_\_\_\_ Ins Co Phone: \_\_\_\_\_

**Participation Agreement**

I understand that Kids Unlimited assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any Kids Unlimited activity. I hereby (and on behalf of my children) release, discharge and agree not to sue Kids Unlimited, its employees, officers, or directors for any and all claims for injury, illness, loss or damage that I may suffer as a result of my participation. I hereby give Kids Unlimited permission to use their judgment in obtaining medical services for myself and/or my child. I give permission to the physician selected by Kids Unlimited personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse.

To better serve your child we work closely with the school to monitor Grades and Attendance. By signing below you are giving us permission to acquire grades, attendance, behavior data, and test scores in order to better serve your child. Kids Unlimited programs are unique because they are founded on community participation. Our program's greatest resource is the commitment of our families to work cooperatively to create an enriched environment full of diverse opportunities and quality activities. Program goals include improvement in one or all areas: academics and behavior. This program was designed to be academic-based, not childcare. Our staff works closely to ensure kids are receiving the support they need in order to be successful in school, but we cannot do it without your support.

**I have read and acknowledge the financial & program agreement provided. I have read and understand this release and waiver.**

**Print Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PUBLICITY DENIAL

Kids Unlimited staff often take photos and videos of students during field trips, camps, and our after-school programs to share their work and accomplishments. Those accomplishments are shared through the non-profit's website, social media, print publications, fliers, and brochures. Kids Unlimited also works with local news media to promote the organization.

**If you do not want your child's image published, please fill out our Visual & Audio Recordings/Photo Release Opt-Out Form.**

We will make every effort to protect the privacy of your child/children.

If you have any questions, please contact our main office.

Thank you,

KU Staff

Kids Unlimited

821 N. Riverside Ave  
Medford, OR 97501  
(541)774-3900



KidsUnlimitedofOregon



kidsunlimited98



KidsUnlimited98



**VISUAL & AUDIO RECORDINGS/PHOTO RELEASE OPT-OUT FORM**

I understand that my child's/children image, video presence, or voice may be used for Kids Unlimited for incidental advertising, website images, social media, or other purposes. When these opportunities occur, the student's image may be accompanied by his/her information regarding the student's participation in a program or activity. I further understand that no special compensation will be provided for use of my child's/children's image and that I may not be informed in advance of the specific use of their image. I understand that unless I opt out of this release, my child's/children's image may be used without my specific permission as deemed appropriate by Kids Unlimited.

**YOU ONLY NEED TO COMPLETE THIS FORM IF YOU OBJECT TO THE INCIDENTAL USE OF YOUR CHILD'S/CHILDREN'S IMAGE, VIDEO PRESENCE, OR VOICE. IF YOU DO NOT OBJECT, YOU DO NOT NEED TO DO ANYTHING WITH THIS FORM.**

Student's Name \_\_\_\_\_

DO NOT publish my child's image, video presence, or voice in school's advertising, website images, social media, or other purposes

Parent/Guardian's Name \_\_\_\_\_

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

Kids Unlimited

821 N. Riverside Ave  
Medford, OR 97501  
(541)774-3900



## Kids Unlimited Family Survey

**Directions:** Please respond to each question by writing an "X" next to the best possible answer. The information in this survey will only be used by Kids Unlimited to communicate the experiences and needs of the families and children we serve.

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

<b>1) What is your (guardian) gender?</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>2) Your (guardian) date of birth?</b> _____	<b>3) Are you a foster parent to the children who attend Kids Unlimited programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4) Please specify your ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer	<b>5) Please specify your race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	<b>6) Marital status</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single

Name of Employer \_\_\_\_\_

<b>7) Which of the following best describes your current occupation?</b> <input type="checkbox"/> Architecture and Engineering <input type="checkbox"/> Installation, Maintenance, & Repair <input type="checkbox"/> Management <input type="checkbox"/> Arts, Design, Entertainment, Sports & Media <input type="checkbox"/> Production <input type="checkbox"/> Healthcare <input type="checkbox"/> Skilled Trade Labor (plumbing, electrical, etc) <input type="checkbox"/> General Labor <input type="checkbox"/> Sales <input type="checkbox"/> Agriculture <input type="checkbox"/> Service Industry <input type="checkbox"/> Other (please write in): _____	<b>8) Which of the following best describes your current housing?</b> <input type="checkbox"/> Single Family Rental <input type="checkbox"/> Multi-Family Rental <input type="checkbox"/> Home Owner <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Living with family or friends (rent free) <input type="checkbox"/> Campground <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other  <b>11) What is the highest level of education you have completed?</b> <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college (less than 1 year) <input type="checkbox"/> 1 or more year of college (no degree) <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Professional degree <input type="checkbox"/> Doctorate degree <input type="checkbox"/> Completed up to 9th-11th grade <input type="checkbox"/> Completed up to 8th grade <input type="checkbox"/> Completed elementary school	<b>9) Indicate your yearly household income?</b> <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$49,999 <input type="checkbox"/> \$50,000-\$59,999 <input type="checkbox"/> \$60,000-\$69,999 <input type="checkbox"/> \$70,000-\$79,999 <input type="checkbox"/> \$80,000-\$89,999 <input type="checkbox"/> \$90,000-\$99,999 <input type="checkbox"/> \$100,000 or more
<b>10) Employment status</b> <input type="checkbox"/> Paid employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Currently unemployed, but looking for work. <input type="checkbox"/> Currently unemployed, but not looking for work <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work		



Directions: Please respond to each question by writing an "X" in the box which best explains your experience.

<b>Safety/Medical/Basic Needs</b>			
	Never	Sometimes	Always
12) My child sees a doctor or nurse when needed.			
13) My child is safe from violence/crime in my home.			
14) My child is safe from violence/crime in my neighborhood.			
15) My child has enough food available at home.			
16) Our family has reliable transportation.			
17) Our family uses public transportation.			
18) Our family received free or reduced cost support for basic needs (health insurance, food, childcare, housing).			
19) I received quality medical care while I or my child's mother was pregnant with my child.			
20) I have or friends/family have been sentenced to jail/prison.			
<b>21) Put a check next to the items that are a regular source of stress for your family:</b> <input type="checkbox"/> Health Insurance <input type="checkbox"/> Money <input type="checkbox"/> Food <input type="checkbox"/> Safe/Consistent Housing <input type="checkbox"/> Child's Behavior <input type="checkbox"/> Unsafe Neighborhood <input type="checkbox"/> Transportation <input type="checkbox"/> Abuse <input type="checkbox"/> Lack of Education <input type="checkbox"/> Legal Issues <input type="checkbox"/> Lack of Support <input type="checkbox"/> Employment <input type="checkbox"/> Violence/Crime <input type="checkbox"/> Addiction <input type="checkbox"/> Marriage/Relationship			
<b>22) Is English your primary language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>23) Is English your child's primary language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>24) Does your child receive any special services you would like us to be aware of?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>25) Do you have a child that previously attended or is currently attending Head Start?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>26) Would you like information about continuing your education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>27) Would you like information about Head Start programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>28) Are there foster children living in your home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			





## Kids Unlimited After School Program Fee Schedule

Description	Fee Amount
Annual Registration Fee	\$20 per family
Monthly Fee <i>Due by the 1st of each month and late by the 15th</i>	\$200 per child To apply for a scholarship bring in a copy of your most recent pay stubs or current tax return.
Late Child Pick-Up Fee <i>For picking up child after 6:00 pm</i>	\$15 for the first 15 minutes 6:00-6:15 and \$30 for every 15 minutes afterwards.
Returned Check Fee	\$25.00 per check

In order to provide for more consistent care that covers all operating costs there will be no credit given when a child does not attend program. All fees are due the 1st of the month and late by the 15th of each month. The billing office will print your bill at the beginning of each month and your Site Manager will give it to you during the after school program.

Accounts that become behind in payment are subject to dismissal from the afterschool program. Removal of your child(ren) from the after school program will involve *another* registration process for re-enrollment.

### Employment Related Daycare( ERDC)

Low income working families may be eligible for financial help with child care costs. ERDC is a subsidy program. This means eligible families may still pay part of the child care cost. This amount depends on the family's income, size, and the amount the child care provider charges.

## Monthly fees can be paid in one of these four easy ways:

### 1. On site

Site Managers during the after school program accept check, cash (no change available), and debit/credit card payments. A receipt will be given for all transactions.

### 2. Over the phone

Call 541-774-3900 to make a debit/credit card payment over the phone to our billing office.

### 3. Online

Make a payment online at [www.MyProcare.com](http://www.MyProcare.com)

- A. Go to [www.MyProcare.com](http://www.MyProcare.com) and log in. If you haven't already set up an account, just use the email address you have on file with Kids Unlimited to get started.
- B. Once you've logged in:
  - a. Choose the *Pay* button.
  - b. Fill in the debit/credit card information and the amount.
  - c. Select *Pay Now*.

### 4. Automatic Payment with Tuition Express on the 1st or 15th of each month.

We are excited to offer the safety, convenience and ease of Tuition Express -a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account. If interested, please fill out the attached authorization form.





# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**    School: \_\_\_\_\_ Student Name(s): \_\_\_\_\_

### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CV Code
Cardholder Signature	Date

### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

### For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	<b>Attach Voided Check Here</b>	\$ _____
Deposit slips not accepted		Dollars _____
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

