United Kids After School Registration Form

CHILDREN’S INFORMATION

First & Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Circle 1): Male Female

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_\_ School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First & Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Circle 1): Male Female

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_\_ School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First & Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Circle 1): Male Female

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_\_ School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Legal Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGN OUT INFORMATION**

Safety is a top priority for UKAS; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of the individual listed below if parent cannot be reached.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Along with the registration form, you will submit payment for the first week of the Program for the 2023-24 school year. This payment will be applied to the first week of participation and will reserve your child’s spot. This payment is nonrefundable.

Please Select Which Days of the Week You Are Interested in Having Your Kids Attend…

Monday

Tuesday

Wednesday

Thursday

Friday

**United Kids After School Program Payment Policies and Procedures**

**General Program**

United Kids After School (UKAS) Program at United Church of Sandwich has a variety of activities, including homework & reading time, group games, snack, arts & crafts, and free time.

**Hours of Operation**

UKAS begins the at final bell of the District 430 School Day and ends promptly at 5:30pm. Students must be picked up no later than 6:00 pm. If a parent needs to pick up a student between 5:30-6:00pm, there is a small additional fee. After 6:00pm there will be a late charge of $1.00 per minute. UKAS will operate on the same schedule as District 430. We will be closed for all school-approved holidays and Teacher Workdays. We will offer the after-school program on school ‘half days’. There will be an additional fee for the additional time of a half day program.

**Cost and Payments**

Below is the Fee Schedule for the Program. The cost is based on the # of kids in a family & the # of days a child attends the program in a week.

|  |  |
| --- | --- |
| # of Days Registered Per Week | Cost Per Day For Each Child |
| 1-3 Days | $13 |
| 4-5 Days | $11 |

If 3 children are registered in a household. There is a family weekly discount of $10 off the total cost if the children attend 2-3 days, and a discount of $15 off the total cost if the children attend 4-5 days.

Payment for the program will be collected every two weeks and must be received one week in advance to the new Service Period.  Payment must be made before a child can participate during a service period. Payments may be made by either using our online payment through the church website or delivering payment in person at the program.  Checks returned for NSF will result in an NSF fee.

**United Kids After School Permission/Media/Medical Waiver**

Name of Child (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) and/or legal guardian(s) of child participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Cell (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of United Kids After School (UKAS) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity‑related accidents, physical injury due to transportation‑related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I also acknowledge and give permission to have my children walked from my child’s school to the United Church of Sandwich by adults leading the program.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release UKAS and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have againstUKAS or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmlessUKAS and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of UKAS to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Health Insurance Information**

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Other Information**

Other information leaders should know about the child or adult participant:

**Authorization for Media Release**

UKAS may post a photograph and/or video of my child on the church’s website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.

I ask that UKAS not post photographs and/or videos of my child on the church’s website or use a photograph of my child in their publications

**For Use Only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of UKAS including any special events or activities. In consideration for allowing the participation of the child in the activities of UKAS, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United Kids After School is a

School Aged Childcare Licensing Exempt Program

 United Kids After School is an Illinois Department of Children & Family Services (DCFS) ‘school aged childcare licensing exempt’ program. The program is not licensed with DCFS. However, the program meets the minimum requirements set by Illinois to operate as a childcare provider. The program operates with the approval of DCFS as a ‘school aged exempt childcare program in compliance with the Illinois Child Care Act Section 2.09 (a-j). The program only serves school aged children who are currently in Kindergarten – 5th grade. The program only operates during time that school (as defined by the District 430 school calendar) is not in session. Although the program is not licensed or regulated by the IL (DCFS), we have submitted the necessary documentation that establishes that the program complies with the standards set by Illinois for a childcare program. We can provide the list of requirements and proof of compliance upon request.

United Church of Sandwich Firearms Policy

Our church is a ‘No Firearms’ location. We have a straight policy of no weapons on church property. This includes all staff, volunteers, parents, and children. If a person is found in possession of any of the listed items, they will be asked to leave immediately and the appropriate authorities will be contacted.

A weapon is defined as: 1. Any gun, rifle, shotgun as defined in Section 921 of Title 18, United States Code, in Section 1.1 of the Firearm Owners Identification Act, and in Section 24-1 of the Criminal Code 2.

If there are any questions or concerns, please notify the church at 815-786-9243.

All Records Will Be Confidential

 All registration forms can be submitted in person or electronically. The forms will be kept in the church office in a locked cabinet. Only authorized adults will have access to the documents in order to perform the necessary duties for the program. At the time that a child leaves the program, the documents will be shredded and discarded. If a child re-enrolls in the program, the parent/guardian will need to submit new paperwork.