

**After School Program Participant Application
And Signature Forms**
(Please review and complete all areas)

Participant Information:

First _____ Last _____

DOB: _____ Age: _____ Grade: _____

Home Address: _____

Parent/Guardian Information:

Primary Contact:

First Name _____ Last Name _____

Relationship to student: _____

Phone Number (cell) _____ (work) _____

Email: _____

Home Address: _____

Secondary Contact:

Full Name: _____

Relationship to Student: _____

Phone Number (cell) _____ (work) _____

Email: _____

Home Address: _____

Medical Information

Allergies: __yes __no

If yes please explain _____

Medical Conditions: __Yes __No

If yes please explain _____

Primary Care Physician: _____

Primary Care Physician Address: _____

Primary Care Physician Phone: _____

Hospital of choice (circle one) Mercy Baptist

___ I give permission for the program staff to seek emergency medical treatment for my child.

Paducah Parks & Recreation After School Program Waiver

I understand that this event is potentially hazardous, and that I (or my child) should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the program related activities, during the activity, or while on the premises of the activity. I also am aware of and assume all risks associated with this activity, including but not limited to falls, contact with other participants, effects of weather, traffic and conditions of the road.

I hereby release the City of Paducah, Paducah Parks & Recreation, Paducah Public Schools and each of their agents from any liability arising out of my or my child's participation in this program. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

- ☐ I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.
- ☐ I do not grant permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Parent/Guardian Signature

Date

Pick Up and Drop Off Authorization Form

ALL PARTICIPANTS MUST BE PICKED UP PROMPTLY AT 5:30PM

Late Pick-Up Policy

- A late pick-up is defined as arriving after 5:31pm.
- After 3 late pick-ups, your child will be dismissed from the program for one day.
- After 4 late pick-ups, your child will be dismissed from the program for one full week.
- Excessive late pick-ups defined as 5 or more will result in dismissal for the remainder of the quarter

Late pick-ups will be tracked and documented by staff. If you are running late, we encourage you to contact us as soon as possible so we can plan accordingly.

I, _____ have read and understand the Late Pick Up Policy.

Parent/Guardian Signature

Date

Please list **yourself** and **all persons that will be picking up your participant** for the after-school program and include their up-to-date cellphone numbers. All persons listed here will be required to present a picture ID when picking your camper up. All authorized persons must be at least 18 years of age. Persons not listed here will not be allowed to take your participant from supervision of staff. **Please add names as they appear on driver's license.**

First Name

Last Name

Phone Number

First Name

Last Name

Phone Number

First Name

Last Name

Phone Number

Behavior and Discipline Policies

All parents and guardians must read and review the provided Behavior and Discipline Policies with their participant before they arrive at the After School Program. Parent/guardian must sign below acknowledging they have read this section.

Parent/Guardian Signature

Date

Student Signature

Date

Emergency Contact Form

First Emergency Contact

Name _____ Cellphone _____

Email Address _____

Address _____

Relationship to Participant _____

Second Emergency Contact

Name _____ Cellphone _____

Email Address _____

Address _____

Relationship to Participant _____

Payment Agreement Form

- **Program Duration:**

- 1st Quarter 8-25-2025 to 10-16-2025
- 2ⁿ Quarter 10-20-2025 to 12-18-2025
- 3rd Quarter 1-5-2026 to 3-5-2026
- 4th Quarter 3-9-2026 to 5-7-2026

- **Fee Amount:**

\$100.00 per Quarter

**If waiting for fee assistance approval the price per semester will be given at time of application approval

- **Due Dates for Quarterly Payments:**

- **Quarter 1:** 8-22-2025 (Date)
- **Quarter 2:** 10-17-2025 (Date)
- **Quarter 3:** 1-2-2026 (Date)
- **Quarter 4:** 3-6-2026 (Date)

- **Accepted Payment Methods:**

- ☐ Cash
- ☐ Check (Payable to: Paducah Parks & Recreation)
- ☐ Credit/Debit Card (Service fees apply)

Agreement

I, the undersigned, agree to pay the above fees in accordance with the terms stated in this agreement. I understand and accept the payments terms and refund policy.

Parent/Guardian Signature: _____ Date: _____

Program Representative Signature: _____ Date: _____

Fee Assistance Program

Paducah Parks and Recreation and the City of Paducah are committed to providing quality programs that are affordable to the community. Our Fee Assistance Program is designed to assist community members with the cost of our recreation programs. Fee Assistance covers a percentage of the fees dependent upon income or participation in a government safety net program. Fee assistance must be completed for each calendar year. Proof of income or residency is required at the time of applying for the Youth Recreation Fee Assistance Program. On the application, you must enter your household annual income, the number of people in your household, and whether anyone in your household is enrolled in one of the government programs. Fee Assistance recipients must meet the following criteria:

- Reside within City of Paducah, KY city limits with ability to confirm residency (Driver's License/State Identification, Lease Agreement, mortgage Statement, Utility Bill)
- Submit proof of income or enrollment in a government safety program:
- Proof that the child is a foster child or involved in the child welfare system
- Copy of SNAP program enrollment o Copy of Women, Infant, Children (WIC) program enrollment AND one of the following:
- Copy of most recent Federal Income Tax Return (Form 10410/1040EZ/1040NR)
- Or for those who do not file Federal Income Tax, copy of most recent Supplemental Security Income (SSI) record Limitations An eligible participant will be limited to scholarships for:
- The maximum amount each individual family member can receive is \$300 per calendar year.
- Punch card programs, daily fees and memberships at the Paducah Recreation Center are ineligible for fee assistance.
- Noble Park Pool daily admission fees and membership are ineligible for fee assistance.
- No more than three (3) seasonal recreation programs per year.
- The maximum allowable fee assistance is sixty-five percent (65%) of a program fee.
- Fee Assistance may be rescinded and restitution of any fees paid if application information is falsified.
- Fee Assistance may be rescinded and restitution of any fees paid if the awardee does not attend programs regularly. Regular attendance is a requirement to guarantee placement in the program.

For Administrative Use Only:

- ☐ Qualifies for fee assistance: Total per quarter _____
- ☐ Does not qualify for fee assistance: Total per quarter _____