

2024-2025 Extended School Program Registration

SCHOOL \_\_\_\_\_

OFFICE USE ONLY:
Date Received: _____
PYMT: _____
Amount: _____
Confirmation: _____

Full Time (3-5 days) \$70.00 per week

Part Time (2 days or less) \$40.00/per week Days: \_\_\_\_\_ & \_\_\_\_\_

Registration Fee: \$37.10 per child (\$35.00 + 2.10 6% tax; maximum \$74.20 per household)  
Fee is NON-REFUNDABLE.

Payment options: Tuition payments must be paid online at [www.Myprocare.com](http://www.Myprocare.com) or by calling (859) 288-2929.  
Registration and tuition fees are applied to your account once application is processed.  
**Rates are subject to change. ESP will notify parents of any changes in advance.**

Tuition Assistance:  Yes  No If yes, what agency? \_\_\_\_\_

PLEASE PRINT ALL INFORMATION LEGIBLY AND USE SEPARATE FORM FOR EACH CHILD

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address of Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender:  M  F

Primary Adult's Name: \_\_\_\_\_ Secondary Adult's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**ESP requires all parents/guardians to provide legal documentation for any custody & payment arrangements**

Child lives with:  Both Parents  Mother  Father  Primary Guardian

Who should be contacted first in case of illness? \_\_\_\_\_ By  Text  Phone Call

**EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**ESP cannot release any child to any person other than the parent/guardian with whom the child lives or the persons listed on this form. Individuals should be prepared to show identification and be at least 16 years old.**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice in case of emergency: \_\_\_\_\_ (Must list a specific hospital)

List any medical/physical limitations/precautions (food/insect/environmental allergies, recent surgery, accidents etc.):  
\_\_\_\_\_

Does your child need an accommodation due to disability in order to fully participate in this program\*?  Yes  No

If yes, please describe: \_\_\_\_\_

**\*Individual students who need 1:1 support for personal care, behavior needs, etc. must provide their own support personnel during the program. Support personnel will need to have all state licensing required documentation as stated in the Cabinet for Families and Health Services – Child Care Division.**

**Medication:**

- If medication is taken on a daily basis, please alert Site Director on first day of school and appropriate forms will be filled out at that time. Epi-pens will require an Epi-Pen Release Form. Dosage, time, and amount given **must** be marked on the **original medicine container** sent to ESP and medication must not be expired.

Please list child’s current medications: \_\_\_\_\_

What is this medication for? \_\_\_\_\_

**CHILD’S NAME LISTED ON CONTAINER:** \_\_\_\_\_

**MEDICAL CONSENT AGREEMENT AND RELEASE:**

(1) I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designee(s)) and the agents or employees of its Division of Parks and Recreation (collectively referred to as “LFUCG”), to act for me according to their best judgment in any emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. In addition, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

(2) I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my child or ward, is physically able to participate in the above activity(s).

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT AGREEMENT:**

(1) I have read the E.S.P. Parent Handbook and will comply with all the policies and procedures stated therein. I also agree to abide by the Civility Policy detailed in the Parent Handbook. I understand that failure to adhere to these policies may result in my child’s termination from the ESP after school program.

(2) I understand that by signing this application **I am responsible for payment** and **will comply with payment policy and child pick up policy** as detailed in the Parent Handbook.

Guardian Social Security (last 4 digits): xxx- xx- \_\_\_\_ \_\_\_\_ Guardian Date of Birth: \_\_\_\_\_

(3) I have accurately stated all medical/health concerns and listed any and all medication my child may need. I understand I must provide any medicine needed and sign a medical log each day. I understand I must provide a current immunization or waiver for my child. I understand failure to accurately list medical concerns and/or provide an immunization record/waiver is grounds for dismissal from the program.

(4) I understand that ALL information must be up to date on the application and will notify ESP of any changes.

(5) Check **NO** if you **DO NOT** give permission to have your child’s picture taken for promotional or social media postings:  **NO**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WAIVER AND RELEASE AGREEMENT:**

(1) The undersigned (being of lawful age and the parent/guardian of the undersigned student) having requested that their minor child participate in the Extended School Program and related events and activities; and whereas the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette Public Schools are willing to let their minor child participate in the Extended School Program. The undersigned do hereby waive, release, and discharge the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette County Public Schools from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from the activities of the Extended School Program.

(2) It is understood that for, and in consideration of, granting permission for their minor child to participate in the Extended School Program that the undersigned hereby acknowledges that they have received a copy of the Extended School Program Handbook, have thoroughly familiarized themselves with its contents, and agree to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all times and have advised their child that if they should believe any of the facilities or equipment to be unsafe to immediately advise their counselor of such condition and refuse to participate further in the activity.

(3) The undersigned acknowledges and understands that the Lexington-Fayette Urban County Government provides only minimal medical expense benefits through an Accidental Death and Dismemberment insurance policy for the Extended School Program. Benefits provided under this policy are supplemental only to the extent of policy limits and comes into effect only after all primary funding sources available have been exhausted. Any deductible amounts will be the sole responsibility of the participant. The Urban County Government itself will not provide any form of medical insurance and the Urban County Government, its representatives, supervisors and employees will not be responsible for any expense incurred due to any injury to my child during participation in the Program. Should the undersigned determine that additional coverage is required said coverage shall be the sole responsibility and expense of the participant.

I hereby assert that I fully understand and agree to these waivers and agreements.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_