

PACE- Pavilion Afterschool & Community Enrichment Program



Monday-Friday, Beginning September 8th

This program will benefit children in Grades 1-6 whose families opt for the virtual school learning, but need a safe environment for their studies & social engagement. Children will conduct e-learning in study labs & with aides. This program will provide supervised activities that support the following:

- **Educational Support-** through supervised daily study breaks, assistance with homework, Wi-Fi for children that need to access online classes or any e-learning platform.
- **Recreational Activities/ Programs-** by offering youth fitness classes led by our certified fitness specialists, basketball, volleyball, swimming, Pickleball, soccer, access to our Transverse Climbing Wall, etc.
- **Culturally Enrichment Activities-** through our youth cooking demos, Art & Craft classes, science/ history hands-on presentations, etc.
- **Social & Personal Development Activities-** offered through Babysitting Classes, Trivia & Games Hour, etc.
- **Meal/ Snack** (breakfast, morning & afternoon snack) provided daily and children must pack a bag lunch.

Our program operates under COVID rules & regulations and our study lab ratios are 1:9. We ask that your child wears comfortable clothing & tennis shoes daily. Please bring a backpack to carry the following items: a bag lunch (we can refrigerate if needed), water bottle, their own personal hand sanitizer, homework (bring laptop/ tablet), headphones, cloth face cover (facemask) and a copy of the child's remote learning school schedule.

For more info or to register call 513-246-2647



Hours
Full Day Option:
8:00 a.m. - 3 p.m. or
9:00a.m. - 4p.m.

Half Day Option:
8 a.m. - Noon or
12 p.m. - 4p.m.

Afterschool Flex Option:
2:30 p.m.-6:30 p.m.

Cost
Full Day Option:
3- Day Option, \$60 per day
Week Option, \$225 per week

Half Day & Afterschool Flex Option:
3- Day Option, \$35 per day
Week Option, \$155 per week

We also offer Bi- weekly, Monthly or Full Semester options.



Kids' Klub: Daily Enrichment Program

Drop Off Childcare for Any 2.5 Hours

Beginning Tuesday, September 8th
Normal Day/Hours: Monday- Friday,
8:00 a.m.-1:00 p.m. and 4-7:30p.m.

Kids' Life Center
6200 Pfeiffer Road
Montgomery, OH 45242



- A program that provides parents that may be:
 - working from home
 - whom are stay at home parents
 - attend a meeting;
 - running errands
 - Or just needing some time to rest & relax.
- Flexible "Drop-off Childcare" for any 2.5 Hours" for ages 6 weeks- 12 yrs. old.
- You may reserve a spot 1 time per day.
- Bring in a small snack or lunch (please do not send Peanut Butter or Nut Products), diapers (if needed), homework (and/or laptop or tablet) & headphones.
- The Kids' Life Center team members will take care of the rest!
- To reserve a spot please call 24 hours in advance or for more info call Supervisor, LaShaunda Jones at 513 246 2647



Cost: Members: 1st Child \$20, 2nd Child \$10, Additional Child \$5
Nonmembers: 1st Child \$25, 2nd Child \$15, Additional Child \$10
TriHealth Team Members: Call for Assistance Information

PACE & Kids' Klub Registration Form

Parent or Team Member Name: _____

Phone #: _____ (Cell or Home)

E-Mail: _____

PACE - Pavilion Afterschool & Community Enrichment Program *(Only complete information below if you choose this option)*

1. Child's Name _____

a. When will your child begin PACE? _____

b. School District: _____

c. School Plan (Please explain: what type of arrangement is your child setup for the school year or what is your need is):

d. Male _____ Female _____

e. Child's Age _____

f. Child's Grade _____

2. Child's Name _____

a. School District: _____

b. School Plan (Please explain: what type of arrangement is your child setup for the school year or what is your need is):

c. Male _____ Female _____

d. Child's Age _____

e. Child's Grade _____

3. Child's Name _____

a. School District: _____

b. School Plan (Please explain: what type of arrangement is your child setup for the school year or what is your need is):

- c. Male _____ Female _____
- d. Child's Age _____
- e. Child's Grade _____

Kids' Klub: Daily Enrichment Program *(Only complete information below if you choose this option)*

1. Child's Name _____
 - a. When will your child begin Kids' Klub? _____
 - b. What days or times will you need Kids' Klub?

 - c. Please explain: How long will you need Kids' Klub (how many days a week; how many weeks, etc.):

 - d. Male _____ Female _____
 - e. Child's Age _____
 - f. Child's Grade _____

2. Child's Name _____
 - a. When will your child begin Kids' Klub? _____
 - b. What days or times will you need Kids' Klub?

 - c. Please explain: How long will you need Kids' Klub (how many days a week; how many weeks, etc.):

 - d. Male _____ Female _____
 - e. Child's Age _____
 - f. Child's Grade _____

Please add any additional information you feel we need to know:

Child Pre-Participation Form

Member

Non-member

How did you hear about us? _____

Camp/program name: _____ Date(s): _____

Is your child able to swim unattended in the deep end of the pool? Yes No

Child's name (one child per form): _____ Child's date of birth: Month: _____ Day: _____ Year: _____

Gender: _____ Grade: _____ Hair color: _____ Eye color: _____ Identifying marks: _____

Child's address: Street: _____ City: _____ State: _____ ZIP code: _____

Parent/guardian's name: _____ Email address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Individuals authorized to pick up child:

1. (Primary) Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

2. (Secondary) Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Individuals NOT authorized to pick up child:

1. Name: _____ Relationship: _____ Description: _____

2. Name: _____ Relationship: _____ Description: _____

Allergies (check all that apply): None Hay fever Poison ivy Insect sting

Food allergies: Yes No If yes, please specify: _____

Drug allergies: Yes No If yes, please specify: _____

Chronic or recurring illnesses (i.e., asthma, physical impairments, etc.): _____

Operations or serious injuries (dates): _____

Current medications: _____

Dietary restrictions: _____

Any specific activities to be encouraged/limited? _____

IMPORTANT: Please notify the Pavilion if this child is exposed to any communicable disease during the two weeks prior to participating in any program or any time during the program.

Child's primary care physician's name: _____

Child's primary care physician's office: _____ Office phone: _____

I am aware that individual or group publicity photos or videos may be taken from time to time, and in consideration for my child's participation, I hereby grant permission for my child's likeness to be used in publicity or advertising.

Accept Decline

Assumption of the risk, release and waiver of liability:

The undersigned wishes to have his/her child participate in children programming activities at TriHealth Fitness & Health Pavilion (the Pavilion), including but not limited to the Kids' Life Center, climbing wall, camps and other special programming for children. By signing below, I acknowledge that I have read, understand and agree that there are certain risks to my child by participating in any children programming activities at the Pavilion, including but not limited to risks of harm and injury. I voluntarily assume any and all risks to my child. I also hereby release and hold harmless Bethesda Healthcare Inc., TriHealth, Inc., the Pavilion and their agents, employees and officers from and against all claims, damages and liability arising from or due to injury sustained by my child except for injury which might be due to the intentional or negligent acts of the Pavilion or its employees. It is also understood that Pavilion assumes no liability for lost, stolen, damaged or broken personal property.

I acknowledge that I am signing this document freely and voluntarily and without any coercion or any influence of any kind. I acknowledge that there have been no promises, representations or inducements to signing the document.

This authorization will be good for 20 _____ (year)

Parent/legal guardian's signature: _____ Date: _____

General information

Medical information

Photo release and waiver