PLEX KIDS AFTER SCHOOL PROGRAM 2026-27

Welcome to the McKendree Metro Rec Plex After School Program!

The PLEX Kids After School Program is a fun, education program to provide care for K-7th grade students (ages 5-12) after school hours. Students will be dropped off by their school's bus system, and will have the opportunity to receive homework help and supervised and structured play in our after-school classroom. Students will also have time to visit the gymnasium for more active enrichment. We look forward to seeing your students this school year!

Fall Semester Dates: **August 17*, 2026 – December 31, 2026**

Spring Semester Dates: **January 4, 2027 – May 28, 2027**

See page 5 for a list of School's Out Days and Early Dismissals.

*August 10-14 will not be available in our After School Program, as PLEX Kids Summer Camp will be in session that week. PLEX Kids Summer Camp will be available for registration if students would like to be dropped off after school and participate. This will be charged at the Part-Time Camp rate.

PROGRAM DETAILS

- This program is for McKendree Metro Rec Plex **members only**. If you would like to inquire about membership, please reach out to Member Services at memberservices@metrorecplex.com.
- The After School Program is open to students from all local schools, but transportation directly from schools is only available to O'Fallon District 90 schools.
- An adult registered through Brightwheel (see page 10) must be present to pick students up from the After School Program and School's Out Days.
- Electronic devices, such as video game systems, tablets, and other entertainment devices are highly discouraged during program hours. Cell phones and laptops are encouraged to be used for parental communication and schoolwork only.
- School's Out Days will include visits to the Rec Plex pool, ice rink, and gymnasium (pending availability of each facility). Please make sure students are provided with appropriate swimwear and cold weather gear for ice skating on such days. A lunch will also need to be sent with each student for School's Out Days.
- Snacks are permitted for PLEX Kids Programs, but please keep in mind we are a Nut-Free facility. Please refrain from packing any edible products containing nuts.

Please keep this page!

GENERAL INFORMATION

CHILD INFORMATION

Child's Name: _____

Age: _____ Birthdate: ___/___/_____ Gender: _____

Grade (As of Fall 2026): _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Phone: (_____) _____-_____ Phone: (_____) _____-_____

Email: _____ Email: _____

AUTHORIZED PICKUP

Contacts OTHER THAN the parent/guardian with authorization to pick up student.

Name: _____ Name: _____

Phone: (_____) _____-_____ Phone: (_____) _____-_____

Relation to Student: _____ Relation to Student: _____

Name: _____ Name: _____

Phone: (_____) _____-_____ Phone: (_____) _____-_____

Relation to Student: _____ Relation to Student: _____

EMERGENCY CONTACT

If an emergency occurs and parents/guardians cannot be reached, these names will be contacted.

Name: _____ Name: _____

Phone: (_____) _____-_____ Phone: (_____) _____-_____

Relation to Student: _____ Relation to Student: _____

Name: _____ Name: _____

Phone: (_____) _____-_____ Phone: (_____) _____-_____

Relation to Student: _____ Relation to Student: _____

TERMS

Please read the following information:

- I understand when my child is ill he/she may not be accepted into one or more PLEX Kids programs.
- If my child is experiencing problems or illness in the program, I may be required to retrieve my child early. Pick up must be within one hour of call.
- I understand my child will not be released to any person(s) not listed on the enrollment form.
- I understand my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- Should my child be suspended or dismissed from camp due to behavioral issues, I understand the Metro Rec Plex will not prorate the program balance and I will be responsible for the full amount due.
- The Metro Rec Plex reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- I/We acknowledge and understand that Metro Rec Plex has a strict no firearms policy. Firearms are prohibited anywhere on the premises.
- I have read, understand and agree to abide by all the policies, procedures, and fee requirements as outlined in the **PLEX Kids Family Handbook**, which can be found on the Metro Rec Plex website or on Brightwheel.
- I understand the PLEX Kids Behavior Management Guidelines as outlined in the PLEX Kids Family Handbook will be followed and enforced.

Assumption of Risk & Waiver of Liability:

As the responsible party for a participant in PLEX Kids programs, you acknowledge the use of the Metro Rec Plex LLC facilities, equipment, merchandise, services, and programs involving the inherent risk of personal injury to yourself, your child, guests, and invitees. You voluntarily agree to assume all rinks of personal injury to yourself, spouse, partner, children, unborn children, other family members, guests and invitees while granting your participant access to the Metro Rec Plex LLC, its equipment, supplies, supervised or unsupervised programs in exercise rooms, on running track, in swimming pools, gymnasium, ice rinks, locker rooms, showers, dressing rooms, grounds and parking lots and waive any and all claims or actions that you may have against the Metro Rec Plex LLC , any of our officers, directors, employees, agents or successors. The provisions of this section shall survive the expiration of the program. If the swimming pool is utilized, anyone under the age of 16 must have an adult present in the pool area during the entire session.

Release:

By enrolling your participant in one or more PLEX Kids programs, you grant permission to the Metro Rec Plex LLC and its representatives to take photography and video and publish your likeness or your child's likeness with or without your name in print and electronic media outlets without limitation and without any form of compensation for the lawful purposes of publicity, advertising and website content. You release the Metro Rec Plex LLC and its representatives from all claims and demands arising out of or in connection with the use of your likeness or your child's likeness.

BY ENROLLING YOUR CHILD IN ONE OR MORE PLEX KIDS PROGRAMS, YOU CONSENT TO OUR RULES, REGULATIONS, AND ASSUMPTION OF RISK AND WAIVER OF LIABILITY.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

2026 PRICES

Student's Name: _____

Age: _____ Birthdate: ___/___/_____ Gender: _____ Today's Date: _____

The After School Program is for PLEX Members Only.

All includes early dismissal Wednesdays (1:45pm – 6:00pm)

Dates	After School Program – Full Time 3+ Days/wk. 3pm – 6pm **Includes Schools Out Days**	After School Program – Part Time 1-2 Days/wk. 3pm – 6pm **NO Schools Out Days**
Semester 1: **August 17, 2026* – December 31, 2026** *August discounted 50%	☐ $118.50 - August ☐ $339 - September ☐ $339 - October ☐ $339 - November ☐ $339 - December ☐ $1399 - Full Semester **Pay In Full and SAVE over $230!**	☐ $84.50 - August ☐ $169 - September ☐ $169 - October ☐ $169 - November ☐ $169 – December ☐ $699 – Full Semester **Pay In Full and SAVE $100!**
Semester 2: **January 4, 2027 – May 28, 2027**	☐ $339 - January ☐ $339 - February ☐ $339 - March ☐ $339 – April ☐ $339 - May ☐ $1399 - Full Semester **Pay In Full and SAVE $260!**	☐ $169 - January ☐ $169 - February ☐ $169 - March ☐ $169 – April ☐ $169 – May ☐ $699 – Full Semester **Pay In Full and SAVE $100!**

PLEX Kids After School Payment Terms
Payment is required upfront. Monthly payment drafts are on the 1st Monday each month.

Signature of Parent/Guardian: _____

Date: _____

SCHOOL'S OUT DAYS

Our School's Out Day program is only available for O'Fallon District 90 breaks, closures, or dismissals. The following days are based on the O'Fallon District 90 **2026-2027** School Calendar and do not require student attendance by the school.

$60/day

***Full Session Discount**: $5/day discount when committing to all days in the session.

***All School's Out Days are automatically included in the After School Program – Full Time.**

- ☐ October 9 – Teacher Institute
- ☐ October 12 – Columbus Day
- ☐ October 13 – Parent/Teacher Meetings
- ☐ November 11 – Veteran's Day
- ☐ November 25-27 (3 days) – Thanksgiving Fall Break*
  - ☐ Nov. 25 ☐ Nov. 26 ☐ Nov. 27
- ☐ Dec. 22 – Dec. 31 (7 days) – Winter Break**
  - ☐ Dec. 22 ☐ Dec. 23 ☐ Dec. 26 ☐ Dec. 27
  - ☐ Dec. 28 ☐ Dec. 29 ☐ Dec. 30 ☐ Dec. 31
- ☐ January 4 – Teacher Institute
- ☐ January 18 – MLK Day
- ☐ February 12 – Parent/Teacher Meetings
- ☐ February 15 – President's Day
- ☐ March 26 - April 2 (6 days) – Spring Break
  - ☐ Mar. 26 ☐ Mar. 27 ☐ Mar. 28 ☐ Mar. 29
  - ☐ Apr. 1 ☐ Apr. 2

*Subject to limited facility hours for Metro Rec Plex staff may observe the holiday and spend time with family. All early closures are subject to change.

**EXCLUDING Christmas Eve, Christmas Day, and New Year's Day

PLEX KIDS PROGRAM CLOSURES

No program coverage is offered on the following days due to the PLEX Kids holiday closures:

- September 7 – Labor Day
- December 24 – Christmas Eve
- December 25 – Christmas Day
- January 1 – New Year's Day
- May 31 – Memorial Day

PAYMENT INFORMATION

Person Responsible for Billing: _____

Are you a McKendree Metro Rec Plex Member? ☐ YES ☐ NO

Do you have an active online account with Metro Rec Plex through Club Automation? ☐ YES ☐ NO

Email address listed with your account: _____

Billing Address: _____

City, State, Zip: _____

Please read the following information:

- Deposits are NON-Refundable. 1 week (7 calendar days) notice required for cancellations. 50% credit issued for less than 1 week (7 calendar days) notice.
- Remaining balance must be paid Monday prior to start date. Payment plans must be set up for an automatic withdrawal. NSF (non-sufficient funds) charges will result in a $25 service fee. Any registrations with remaining balances on Wednesday prior to the start date will result in forfeiting the spot to the waiting list.
- I understand I am financially responsible for PLEX Kids services.
- I understand if the balance is not paid in full, the Metro Rec Plex reserves the right to discontinue service and place another student off the waiting list in my child's spot.

I, _____, authorize Metro Rec Plex LLC to charge my credit card account associated with my MMRP Membership Account through Club Automation for (total due today) _____ on or after (today's date) _____. This payment is for the PLEX Kids After-School Program. I understand the remaining balance is due by the first Monday of each month, unless balance has been paid in full, and will be set up for automatic withdrawal.

Printed Name: _____

Signature: _____

HEALTH REPORT & HISTORY

List all known medical conditions of student, including food allergies: _____

_____

List any over the counter/prescription drugs taken regularly by student: _____

_____

Will any of the above medicines need to be administered during program hours? ☐ YES* ☐ NO

**Any prescriptions that are required to be administered during program hours will need to be listed on the medicine authorization form.*

I certify that my child has received and is current on their immunization. ☐ YES ☐ NO

Check any that may apply:

Does your child have an individual Education Plan (IEP)? ☐ YES* ☐ NO

Does your child have a Behavior Management Plan? ☐ YES* ☐ NO

Does your child have a 504 Student Accommodation Form? ☐ YES* ☐ NO

**A copy of a current IEP/BMP/504 Student Accommodation Plan must be submitted to plexkids@metrorecplex.com*

Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.

Check any that your child has been diagnosed with:

☐ ADD	☐ ADHD	☐ DD	☐ ID
☐ ED	☐ ODD	☐ OCD	☐ Autism
☐ Aspergers	☐ Cerebral Palsy	☐ Down Syndrome	☐ Chronic Heath Condition

☐ Other: _____

AUTHORIZATION

My child has permission to engage in all prescribed program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the program staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. I certify that all the information provided is complete & correct to the best of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services.

Signature of Parent/Guardian: _____ Date: _____

Other Notes:

MEDICATION AUTHORIZATION

Name of Medication: _____

Reason for Medication: _____

Dose: _____ Time/Frequency: _____

Route: ☐ Oral ☐ Topical ☐ Inhaled ☐ Injection ☐ Other: _____

Date to Start: _____ Date to stop: _____

Expiration:_____

Additional Instructions/Comments: _____

Known side effects: _____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider: _____

Phone Number: _____

FOR CONTROLLED SUBSTANCES

Amount of Medication Received: _____

Staff Member Signature: _____

AUTHORIZATION

I authorize McKendree Metro Rec Plex personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: _____ Date: _____

Parent/guardian signature: _____

RETURN OR DISPOSAL OF MEDICATION

Return Date: _____ Parent Signature: _____

Disposal Date: _____ Staff Signature: _____

Witness to Disposal: _____

CHANGE/ADD/CANCEL FORM

Please keep a copy of this page in case you would like to change, add to, or cancel any sessions to your ongoing registration to a PLEX Kids Program at any time. This page does not need to be filled upon first registration.

*Deposits are non-refundable. Changes/Additions/Cancellations must be received 1 week's (7 calendar days) prior to program starting to receive a refund/credit minus the deposit 50% credit will be issued for less than 1 week's (7 calendar days) notice. A $10 late fee will be issued if additions are made with less than 1 week's (7 calendar days) notice.

Child's Name: _____ Date: _____

ADD:

Program: ☐ After School/School's Out Days ☐ Summer Camp ☐ Childwatch Deluxe

Session(s) to be added: _____

CHANGE/TRANSFER:

Program: ☐ After School/School's Out Days ☐ Summer Camp ☐ Childwatch Deluxe

Session(s) to be changed from: _____

Session(s) to be changed to: _____

CANCEL/DROP:

Program: ☐ After School/School's Out Days ☐ Summer Camp ☐ Childwatch Deluxe

Session(s) to be cancelled: _____

Reason: ☐ Vacation/Off Work ☐ Family ☐ Illness/Medical Reason

☐ Other: _____

PAYMENT PLANS:

I am requesting that Metro Rec Plex:

- ☐ Cancel the registration/automatic payment draft for the date listed above.
- ☐ Change the registration/automatic payment draft to the requested change date of program.
- ☐ Request a refund.
- ☐ Apply credit to my account to be used towards another Metro Rec Plex program.

Signature of Parent/Guardian: _____ Date: _____

BRIGHTWHEEL

Hello PLEX Kids Families!

Brightwheel is our all-in-one companion app for the PLEX Kids Programs! With Brightwheel, parents can communicate with PLEX Staff, update student information, and get ease of access to PLEX Kids documentation.

You MUST HAVE BRIGHTWHEEL to pick up your student from our program. All Authorized Pickup adults are required to enter the building and enter their check-in/check-out code from Brightwheel before the student is released to their care. We will not release the student if an adult is not present to pick them up.

FOR NEW BRIGHTWHEEL ACCOUNTS:

Step 1: Download the **Brightwheel App** on your mobile device, or access **mybrightwheel.com** on your browser.

Step 2: Sign up and create a Parent Account with the same first/last name and email address of the parent listed in your registration packet. If you have an account with Club Automation, please use the same email address as your account.

Step 3: You will receive an invite code to the PLEX Kids program in Brightwheel via email (this code may take several days to appear). You may use it to link your account.

Step 4: Once in Brightwheel, you will be able to manage/update student information as needed.

ALTERNATIVELY, parents can wait for their invitation email from Brightwheel and create an account after receiving their invite code.

ALL contacts can be added to Brightwheel with different permissions: **Parent, Family, Approved Pickup,** and **Emergency Contact.** Parent permissions include the ability to send and receive messages, check their children in and out for the day, see their child's profile and daily feed, add family & pickups, and message Team Leads directly.

Please keep this page!