

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Patrick Ryan as Principal authorized so to act by direction of the Board of Education and KinderCare Walton hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

Pre-K Graduation
KinderCare Walton - Heather Parr CD

at the following times and dates: _____

May 12th 2026 630pm - 830pm

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 23 day of March, 2026.

Gray Middle SCHOOL

BY: [Signature]
PRINCIPAL

[Signature]
USER/SIGNATURE

11247 Paddock Dr. (KinderCare Walton)
ADDRESS

Walton K4 41094
CITY STATE ZIP

859 485 8836
PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. Portland Oregon Office 851 SW 6th Avenue Suite 550 Portland OR 97204-1309 USA	CONTACT NAME: PHONE (A.C. No. Ext): (503) 224-9700 FAX (A.C. No.): (503) 295-0923 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED KUEHG Corp.; KinderCare Education LLC; KC REE Holdings, Inc.; and Their wholly Owned Subsidiaries 5005 Meadows Road, Suite 200 Lake Oswego OR 97035 USA	INSURER A: Arch Indemnity Insurance Company NAIC # 30830	INSURER B: Arch Insurance Company 11150
	INSURER C: XL Insurance America Inc 24554	INSURER D:
	INSURER E:	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 570116808356** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse/Molestation-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:		71GPP0512317	12/01/2025	12/01/2026	EACH OCCURRENCE \$10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$10,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$10,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$10,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		71CAB1045717 AOS	12/01/2025	12/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION		US00011222L125A SIR applies per policy terms & conditions	12/01/2025	12/01/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	74WC11000617 AOS 71WC4953817 EXCESS WC-OH SIR applies per policy terms & conditions	12/01/2025	12/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers' Compensation for all states except Monopolistic states. Coverage for abuse, neglect and molestation is included within the Commercial General Liability Insurance policy evidenced herein.

CERTIFICATE HOLDER Boone County Schools 8330 US Hwy 42 Florence, KY 41042	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc</i>
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Holder Identifier : A

Certificate No : 570116808356

Facility Use Agreement Application

This application must be completed and attached to the Facility Use Agreement along with all corresponding required documents. Incomplete applications or those submitted without all required documents will be returned without consideration.

Today's Date March 24, 2026

Requestor's Contact Information

Name: Heather Parr

Organization: Kindercare Walton

Does this organization have non - profit status? ___ Yes No

If yes, please attach documentation.

Contact number: 859-485-8836 / 859-6669-9138 cell

Email address: Heather.parr@kindercare.com

School / Location Requested

Cray Medole School

List all areas needed:

Cafeteria

** ex. Auditorium, football field, practice field, parking lot, classrooms (list number needed) kitchen, cafeteria etc.

Date(s) of program / event : May 12th 2026

Program/ event time: 6:30pm - 8:30pm

Actual time needed: 5:30pm - 9:00pm include set up / tear down / clean up / restoration time

Expected number of attendees: 100-120

Is this event part of a fundraiser? ___ Yes No ** If yes, please attach a copy of the submitted fundraiser approval

How is this event/ program being advertised? Please attach any relevant flyers, media notices, social media postings, registration information etc.

07/03/2025

Pre-K Graduation Invite only

Do you have liability insurance? Yes ___ No ** If yes, please attach a copy of your Certificate of Insurance.

Who is responsible for supervision of the attendees of this event / program?

Heather Parr - Director / Ketic Grimsley - AD
Judy Allen, Shayla Robinson - Teachers

Purpose of the event / program:

Pre-K Graduation For 26 Students
Performance For Family + Friends
Awards and photos

Safety and Emergency Procedures:

Call all Use of emergency plan and/or
Follow the plan posted into the school

Inclement Weather Plan :

Following emergency procedures for
seeking shelter
or cancel the event if needed

Site restoration plan:

** Include the plan for trash removal, cleaning of facilities, returning of equipment etc.
For programs over multiple days, there should be a plan for nightly restoration.

We will clean up area and any
decor we bring for the event

For outdoor only events:

07/03/2025

Plan for restroom facilities. Will you be using school facilities? Providing portable restrooms?

Using school Bathrooms

This section to be completed by school or district administration

Please initial each item.

pmf Administration has reviewed the application in its entirety and has attached all required documents.

pmf Administration has checked the **Active Facility and Construction Projects** document to ensure there is no conflict with scheduled work.

pmf For athletic events, administration has coordinated with the Athletic Director to ensure there is no conflict with previously scheduled events.

Rental Application and Contract**CONDITIONS OF RENTAL**

All rental of school facilities is subject to the following conditions:

1. An official application shall be made to the Superintendent or his designee.
2. Rentals will be made only to responsible and organized groups, and responsible officers of that group must sign the application and the contract.
3. Conditions of that contract shall include:
 - a. Acceptance of responsibility by officials of the renting organization for any damage or loss resulting from the rental; BP Initials
 - b. Agreement that renting organizations, and officers thereof, shall assume all liability for any personal injuries incurred during their use of the facilities and shall hold the Board harmless from any such claims against it; BP Initials
 - c. Agreement to observe all fire and safety regulations; HP Initials
 - d. Agreement that the use of any tobacco product, alternative nicotine product, or vapor product shall not occur on or in all property. The use of alcoholic beverages is prohibited in school buildings or on school grounds; HP Initials
 - e. Observance that no immoral or illegal activity shall be allowed on the premises; HP Initials
 - f. The presence of a school custodian at all times. The hourly wage of the custodian(s) must be included in the contract along with the social security and retirement payments required by law. If the custodian is employed beyond the normal 40-hour week that he works for the Board, overtime wages must be paid. BP Initials
 - g. The presence of a food-service employee when kitchen facilities are used. The hourly wage of the employee must be included in the contract along with social security and retirement payments required by law. HP Initials
 - h. Agreement that no kitchen equipment may be used outside the building; BP Initials
 - i. Agreement that no alterations to the buildings or grounds be made without prior approval; BP Initials
 - j. Agreement that the renting party shall not sublease or reassign any portion of the building or item of equipment covered by the rental contract; HP Initials
 - k. Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; HP Initials
 - l. Agreement to leave the facilities in as good a condition as before used. Groups using outdoor facilities free of charge shall do the cleaning themselves or bear the cost of necessary custodial services. HP Initials
 - m. Agreement that only the agreed upon, assigned areas / spaces of the property may be used. HP Initials

- n. Agreement that parking in designated areas will be enforced by the renter. There is no parking in grass areas or non-designated parking areas unless included as part of the original facility use agreement. JP Initials
- o. Agreement that there are to be no alterations to designated handicap parking spaces through the addition of or removal of signage JP Initials

REFERENCES:

KRS 158.149; KRS 162.055; KRS 438.050; KRS 438.305

OAG 81-295

P. L. 114-95, (Every Student Succeeds Act of 2015)



AGENCY CUSTOMER ID: 570000061506

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED KUEHG Corp.;	
POLICY NUMBER See Certificate Number: 570116808356		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570116808356	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Legal Entities

KUEHG Corp.
 KinderCare Education Holdings LLC
 Knowledge Schools LLC
 KinderCare Education LLC
 KU Education LLC
 KinderCare Learning Centers LLC
 KinderCare Education at Work LLC
 KCE Champions LLC
 KC REE Holdings, Inc.
 REE Investment, LLC
 REE Holdco, Inc.
 REE Midwest, Inc.
 REE Southeast, Inc.
 CDLC Early Learning, LLC
 D/B/A:
 KinderCare Learning Center
 KinderCare Education at work
 Knowledge Beginnings
 The Grove School
 Cambridge School
 Champions
 Creme de la Creme
 Skyrise School



November 20th, 2025

KinderCare Education LLC

Casualty Insurance Renewal Certificate
December 1, 2025 – December 1, 2026

Dear Valued Certificate Holder:

Enclosed please find a renewed 2025-2026 Certificate of Liability Insurance for the coverage period commencing December 1, 2025, as may be required by written contract with KUEHG Corp or any of its wholly owned subsidiaries, including but not limited to KinderCare Education, LLC, KinderCare Education at Work LLC, KCE Champions LLC, and Skyrise School.

Aon Risk Insurance Services West, Inc will be managing the placements of KinderCare's Casualty insurance. Should the enclosed certificate require revision(s), note the corrections on the certificate itself and return it via email to KinderCare Education's Risk Management Department at certificates@kindercare.com. Please also advise if the certificate is no longer needed so that it may be removed from future mailings.

You may direct any questions regarding the insurance certificate(s) to KinderCare Education LLC at:

Email: certificates@kindercare.com

Please contact us if you have any further questions or concerns.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a trailing flourish.

Aon
MSC #17819, PO Box 19640, Irvine, CA 92623
t: +1.503.224.9700 | f: +1.503.295.0923
w: aon.com | CA License: #0363334

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - COVERAGE C - MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description And Location Of Premises Or Classification:

ANY AND ALL LOCATIONS AND OPERATIONS EXCEPT THOSE IN THE STATE OF LOUISIANA. FOR THE LOCATIONS AND OPERATIONS IN THE STATE OF LOUISIANA, THE LIMIT OF LIABILITY IS \$5,000 ANY ONE PERSON SUBJECT TO THE COVERAGE A OCCURRENCE AND THE GENERAL AGGREGATE LIMITS OF LIABILITY.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any premises or classification shown in the Schedule:

1. Section I - Coverage C - Medical Payments does not apply and none of the references to it in the Coverage Part apply: and

2. The following is added to Section I - Supplementary Payments:

- h. Expenses incurred by the insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.



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