

**Welcome to the Ivy League Before & After School
Sports & Recreation Program
(815) 464-1265**

**The ROL Community Rec Center
Summit Hill District # 161
New Lenox District # 122
Mokena District # 159
Kirby District # 140
Forest Ridge District #142
Palos District #118**

Dear Families,

Welcome to the Ivy League Sports & Recreation Program. Our program offers a wide variety of developmentally appropriate activities. The staff and I hold as our primary concern your child's health and safety. We want you to know that our goal is to provide the highest quality Programming and educational experience for your child.

We look forward to working with you this year. On the following pages you will find a registration packet. Please include with the packet, a health examination (Copy of School Physical). Please fill out all forms completely before the first day of your child starting the program. Payments by check should include child's first and last name, and the week/month in which the payment is to be applied towards. Payments for before and after school programs are due the week before children attend.

Your child will need to be signed in and out every day. A staff member will always release your child to a school attendant before school and will be expecting all program registrants after school. If we are expecting your child **after** school and they will not be attending please call and let us know. We look for all children who are expected and do not show up. Safety and security is a primary concern at Ivy League.

Sincerely,

Jackie Evans

Executive Director

Program Site: _____

Beginning Date _____ Days Child Will Attend: Before School _____

After School _____ School Name _____

School Hours _____ School Phone Number _____

Child's Full Name _____ Birth date _____

Nickname _____ Grade _____ Home Phone (____) _____

Address _____
Number street City state zip

Mother (Guardian) Name _____ Home Phone (____) _____

Address _____
number street City state zip

Company Name _____ Phone: _____

Company Address _____
Number street City state zip

SS# _____ Cell Phone (____) _____ Pager (____) _____

Father (Guardian) Name _____ Home Phone (____) _____

Address _____
Number street City state zip

Company Name _____ Phone: _____

Company Address _____
Number street City state zip

SS# _____ Cell Phone (____) _____ Pager (____) _____

REQUIRED... In case of emergency, parents are called first. If unavailable, list three (3) other local people who are authorized to pick up child and/or be contacted in an emergency. Include carpool drivers.

Name _____ Full Address (#, Street, town & Zip) _____

Relationship _____ Home & Work Phone Numbers _____

Name _____ Full Address (#, Street, town & Zip) _____

Relationship _____ Home & Work Phone Numbers _____

Name _____ Full Address (#, Street, town & Zip) _____

Relationship _____ Home & Work Phone Numbers _____

DEVELOPMENTAL HISTORY

School Age

In an effort to help us know and understand your child more completely we ask you to fill in this form. It is important that you answer all questions.

Family Background

Marital status of parents _____

If separated does child see non-custodial Parent? _____

How often? _____

Are there any legal circumstances of which we should be aware? _____

Siblings

| <u>Name</u> | <u>Age</u> | <u>Birth Date</u> | <u>(M or F)</u> | <u>School & Grade</u> |
|-------------|------------|-------------------|-----------------|---------------------------|
|-------------|------------|-------------------|-----------------|---------------------------|

Are there any home factors that might help us better understand your child's family life? Consider issues such as a recent move, deaths, births, serious illness, extended family living with you, or any unusual circumstances.

Does he/she have allergies or sensitivities? Describe.

Ivy League Sports & Recreation Program

Emergency Information and Consent Form

In the event of a medical or dental emergency, I authorize the Ivy League Sports & Recreation Program to seek medical emergency services for my child, _____ when I cannot be immediately reached at the time of the emergency. I understand that the staff will make all attempts to reach me. I will be responsible for the emergency medical charges incurred. The preferred doctor / clinic / hospital is _____.

Emergency Medical Release Form

To whom it may concern,

Should any emergency care be indicated I, _____ give my permission for my child, _____ to be medically treated by physicians or Emergency room staff.

Consent to administer First Aid

I give my permission to Ivy League to administer First Aid to my child. First Aid will be administered to minor scrapes and bumps. This includes antiseptic creams and Band-Aids on scrapes, ice on bumps, and bandages and slings on sprains.

Parent signature _____

Date _____

I understand that this is valid for one year from the date of signature.

Ivy League Sports & Recreation Program

Permission Consent Forms

Child's name _____ Date _____

Field Trips - [Days off programming]

Field trips and outings are a carefully supervised part of our program. Field trips are planned and parents will be notified ahead of time. Outings such as public parks or public facilities may be taken without previous planning. Transportation is provided by either ROL Community Rec Center Vehicles, a state certified Bus Co., and on occasion an employee vehicle. My child has permission to go on outings as part of the Ivy League program.

Photography

Photos and movies are sometimes taken for use within the program for educational purposes. Occasionally these or other pictures may be used for newspaper stories about the program or other educational purposes. Whenever possible this will be cleared with the parents, but this is sometimes difficult or impossible in cases where pictures contain a large group of children or are used several years after they are taken. I give my permission for my child's picture to be used for educational purposes or stories done about the center activities.

Sports & Recreation

I understand that the ROL Recreation Center and all of its programs are not a daycare facility or program. I understand that the ROL Recreation Center and all of its programs are intended to support the spiritual, mental and physical well being of individuals and families in order to improve their quality of life. To achieve this mission, we will provide quality programs to meet the diverse needs of individuals, families' neighborhoods and communities. I declare my child to be physically sound, having medical approval to participate in the activities of the Ivy League Sports and Recreation Program.

Parent Signature _____

Date _____

I understand that this is valid for one year from the date of signature.

Ivy League Sports & Recreation Program

Authorization to Administer Medication

Name of Child: _____

Name(s) of Medication: _____

Dosage: _____

Time(s) to be given: _____

Date(s) to be given: _____

Reason for medication: _____

Special Instructions: _____

Does medication require refrigeration? _____

Prescription medication must be brought in the pharmacy container and clearly labeled.

Consent to Administer over the counter medication.

I ask that Ivy League administer the following over the counter medication(s) to my child when needed.

Parent Signature _____

Date _____

I understand that this is valid for one year from the date of signature.

**Ivy League Before/After
School Program**

Child's name: _____ **Date** _____

Transportation for ROL Community Rec Center, Mokena Site Location
Your child will ride the bus to and from his or her school or ride Ivy League vehicles. Ivy League has permission to transport my child to and from school.

Parent signature _____

Unauthorized Pick-up Form

WHO CANNOT PICK UP MY CHILD (REN) FROM THE IVY LEAGUE PROGRAM? PLEASE LIST NAMES BELOW:

NAME **RELATIONSHIP**

Print Name

Signature

I understand that this is valid for one year from the date of signature.

Guidance And Discipline

Because a key goal of the program is to help children develop positive self-esteem, build trust in the world around them and develop autonomy and pride in their work, a positive guidance approach is used. A supportive, nurturing environment with caring adults is the first step in the development of inner control and appropriate behavior. All actions are taken to help a child determine alternatives to solving problems between peers or to discuss problems arising out of human interactions or disputes arising out of misconceptions or expectations not being met.

Discipline will be carried out in such a manner that children will learn to develop a sense of acceptable behavior, a guideline for developing self-control, and an understanding of behaviors that are expected of each individual while part of a group. There will be a set of five rules, which all persons in the program will be expected to adhere to. This will include staff and parents. The five rules are:

- 1. No one may hurt or intimidate another person or be the cause of another to be fearful, through verbal, physical or the use of gestures.**
- 2. No one may place themselves in a dangerous situation or be the cause of jeopardizing the health or safety of a person.**
- 3. No one may be disrespectful of another persons' sense of self or use unacceptable language.**
- 4. No one will cause damage or deface the equipment or personal belongings of another person or the facilities used by the program.**
- 5. No one may refuse to follow the rules or disregard them.**

Acceptable Disciplinary Actions are as Follows:

- 1. A child will be given a set of alternatives, which they may choose from to correct or help to make better the situation.**
- 2. If needed the child will be given a time out. (No longer than 1 minute per number of years of a child's age.)**
- 3. If more than one time out is needed in a given week parents will be verbally notified.**
- 4. If more than two time outs are needed in a given week a written behavioral report will be given to the parent and put in the child's file.**
- 5. In cases of aggressive behavior, the child will be removed from the situation as quickly and safely as possible to prevent further harm to the person involved.**

All disruptive behavior will be documented with a copy given to the parent of the child involved. Should disruptive behavior continue, the parent, child and staff member will set up a discussion time to find an agreeable solution or method for handling any further incidents. However, should the situation be found that the program is not suited to the child's needs or that the staff cannot handle the behaviors effectively, the child can be referred for professional help. Guidelines will be given professionally as to how to help the child in further situations and will be carried out unless the behavior management needs are a burden to the fiscal resources of the center, staff time or infringe on the ability of others in the program to enjoy the program without hindrance.

The circumstances, which will terminate participation of services for a child due to behavior, can be:

- 1. Non-compliance with the five rules on a consistent basis.**
- 2. Severe, uncontrollable, aggressive behavior with one or more incidents per week.**
- 3. Inappropriate behavior or language on a consistent basis.**
- 4. Repeated incidents which are a burden for staff to handle and allowing for effective supervision of the others or which may infringe upon the rights of others to participate.**

Should your child be terminated from the program, refunds will not be given for any part of the current week or following week after termination.

I have read the above discipline procedures and agree to abide by them.

Parent / Guardian _____ Date _____

**ROL Community Center
Ivy League Kids Programs
815-464-1265**

Ivy League Before and After School Program is a non-profit organization. Our goal is to provide excellent sports and recreation programs at reasonable rates with parental convenience. Our payroll and operating expenses are budgeted based on the overall number of children scheduled. To help us maintain a quality program and the ability for flexible schedules and schedule changes, payments must be made when they are due. Please adhere to our payment and scheduling policy. In order to avoid any late fees please pay your balance in full each week on Monday or Tuesday. Your amount due is listed under the accounting button when you sign in your child(ren). Please direct any questions about bills or balance due to the Rec Center's billing department. Below is a copy of our payment and scheduling policy.

Ivy League Payment and Scheduling Policy

Ivy League billing policy is as follows:

- Payment is due 1 week prior to attending on Monday or Tuesday.
- Tuition not paid 1 week in advance is considered past due and a \$15.00 per week late fee will be assessed on Wednesday.
- You are billed according to what you have scheduled.
- In order for you to receive credit for a schedule change a 2 week notice is required. NO EXCEPTIONS
- A 2 week notice is required when dropping from the program. (whether temporary or permanent) Without a 2 week notice you will be responsible for the tuition through the 2 week period.
- There are no exchanging days without a 2 week notice, (example: This week Tuesday instead of Thursday)
- If you need to add days with less than 2 weeks notice you will be billed as follows:
 - More than 24 hr notice at the 1 day rate
 - Less than 24 hr notice at the drop off rate (1 day rate +\$5.00)
 - If you attend a day that you were not scheduled, you will be billed for that day at the drop off rate
- There is no credit for sick days or days absent
- (Rec Center Site Only) On No School Days if your child will not be attending, you must make a schedule change 2 weeks in advance or you will be billed for that day

Parent Signature _____ **Date** _____

I understand and agree to all of the Ivy League billing and schedule policies.

Parent Emails

ROL Youth Foundation is pleased to announce that we will be incorporating emailing into our current systems. We will be able to email you newsletters, as well as, upcoming events, and invoices upon request.

Email Address (Mom): _____

Email Address (Dad): _____

ProCare ID Codes

ROL Youth Foundation has updated our computer program to ProCare. We believe that with this switch we will be able to better service you. The new sign in and sign out method will be through the computer. You will have to enter an identification code to sign in and out your child. The identification code will be set up as any combination of four numbers and/or letters (ex. 45B2 or 123E). The only exception will be that you will not be allowed to use the letter E followed by 3 numbers due to the fact that we use that setup for employees. The ID Code must be different for mom, dad, and anyone else authorized to pick up your child. If you were enrolled in our Summer Camp Program you may keep you current ID Codes.

| | |
|----------------------------------|------------------|
| _____ Mom's Name | _____ ID Code |
| _____ Dad's Name | _____ ID Code |
| _____ Other Authorized Person | _____ ID Code |

Ivy League Schedule Change Form

Today's Date _____ Child's Name _____

Date of Change _____ Location of Program _____

School Child Attends _____

Permanent Change _____ One Time Change _____

Note: _____

Parent's Signature _____

REMEMBER WE MUST HAVE 2 WEEKS NOTICE TO CREDIT YOUR ACCOUNT

Office Use Only

Received By _____ Dated Received _____

Bus Run _____ Site Director _____ Ledger _____ Schedule _____

Ivy League Schedule Change Form

Today's Date _____ Child's Name _____

Date of Change _____ Location of Program _____

School Child Attends _____

Permanent Change _____ One Time Change _____

Note: _____

Parent's Signature _____

REMEMBER WE MUST HAVE 2 WEEKS NOTICE TO CREDIT YOUR ACCOUNT

Office Use Only

Received By _____ Dated Received _____

Bus Run _____ Site Director _____ Ledger _____ Schedule _____