

Ela Township

After School Teen Club

2019-2020





Ela Township Youth Department Teen Club 2019-2020

Who?

Children entering grades 6-8 during the 2019-2020 school year

*****MUST BE A RESIDENT OF ELA TOWNSHIP*****

What?

Teen Club is offered to middle school children through a collaboration of Ela Township and the Foglia YMCA. The program provides an opportunity for children to come together, work on homework, swim, stay active through sports and games, and grow together as emerging young adults.

When?

Following the District 95 calendar and schedule
Mondays through Fridays from dismissal until 6:00 pm

Where?

Foglia YMCA
1025 N. Old McHenry Road, Lake Zurich, IL 60047

Cost:

\$50 per month, per child
(\$15 for the month of August)
*****NO REFUNDS OR CREDITS*****

Registration:

Begins March 25

*****REGISTRATION WILL BE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS*****

Registration and payment may be dropped off at the Ela Township Community Center
380 Surryse Road, Lake Zurich, IL 60047

PAYMENT MUST ACCOMPANY REGISTRATION TO RESERVE A SPOT

Cash or check only, made payable to *Ela Township*
Payment for August-December due at registration.
Payment for January-June due by December 13.

For more information contact Susan Dillon, Community Programs Director or
Nicole Gebhardt, Youth Coordinator
call **(847) 438-9160** or email **youth@elatownship.org**



Ela Township Youth Department Teen Club 2019-2020

PLEASE WRITE LEGIBLY AS THIS INFORMATION IS VITAL FOR YOUR CHILD'S RECORDS

Child #1 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____
Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

RETURN THIS PAGE TO ELA TOWNSHIP

Child #2 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

Child #3 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

Please indicate the months you are registering your child(ren) for *Teen Club* by putting an 'X' under the appropriate child/month. In the event that we have reached our participant capacity for any given month you wish to register for, you will be placed on a waitlist and notified as soon as space becomes available.

	Child #1	Child #2	Child #3
*August			
September			
October			
November			
December			
January			
February			
March			
April			
May & June			

\$50 per month, per child *\$15 for the month of August*

NO REFUNDS OR CREDITS

Payment for August-December due at registration.

Payment for January-June due by December 13.

Parent/Guardian Information:

Primary E-Mail Address: _____

Parent/Guardian #1: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other Phone #: _____

Parent/Guardian #2: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other Phone #: _____

Emergency Contact Information (Not Parent/Guardian):

Emergency Contact #1: _____ Relationship: _____

Cell Phone #: _____ Other Phone #: _____

Emergency Contact #2: _____ Relationship: _____

Cell Phone #: _____ Other Phone #: _____

PICK UP/DROP OFF PROCEDURES

Drop Off & Pick Up:

Children are bussed after school from Middle School South, Middle School North, and St. Francis de Sales to the Teen Room located in the Foglia YMCA. Children are required to present a bus pass to the bus drivers to utilize this transportation service. Ela Township will provide your child with a bus pass after their registration has been confirmed. For pick up, authorized adults (parents/guardians, baby sitters, etc.) are required to enter the building to sign out their children. Authorized adults may use the doorway connected directly to the Teen Room (**Door 19**) during pick up. This doorway is located to the right of the main doors and down a curved stairway. The door is electronically locked and you must ring the bell to be let in or out.

Adults authorized to pick up my child (other than Parents/Guardians and Emergency Contacts):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

******Your child will not be released on their own or to any person not specified on this form******

******The Ela Township Teen Club Program ends promptly at 6:30 pm******

A \$5.00 fee will be assessed for late pickups. Up to the first 15 minutes is \$5.00 and an additional \$5.00 for every 15 minutes thereafter.

Signature

____/____/____
Date

BEHAVIOR POLICY

Behavior Expectations:

The following behavior expectations are in effect at all Ela Township Youth Department programs. Ela Township Youth staff may develop more expectations as they pertain to individual programs.

- * Children take responsibility for their actions.
- * Children respect themselves, other children and staff, and program equipment and environment.
- * Children participate in program activities to the best of their ability.

Program Dismissal:

Ela Township has the right to dismiss any child whose behavior, attitude, or action is, in our judgment, contrary to the best interests of our program community. This includes but is not limited to: destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another child's experience or is harmful to the program. Ela Township will not dismiss any child without first consulting with the child's parent.

Registration Confirmation:

I am registering my child(ren) for the *Ela Township Teen Club program*. I have read, understand, and will comply with the rules stated in this packet. I confirm that the information I have given in this packet is true, complete, and accurate. I understand that it is my responsibility to inform Ela Township Youth Department staff of any changes of information, particularly contact information.

Name (Please Print)

Signature

____/____/____
Date