

Emergency Information Form 2011-2012

Dear Parents:

In order to better serve both you and your child, especially in the case of an emergency, we would like you to fill out the information requested below. This will help us contact you or a close friend or relative if necessary. This will also give us an emergency release form for your child if an attempt to reach you or your emergency numbers fail. Please fill out the information and return it to your child's program leader immediately. If any information changes on this form please update this form immediately or ask to fill out a new one. Thank you.

Tracey Anderson
Superintendent of Recreation

What program will your child participate in (circle below):

A.M. Club / Kindergarten Adventures / Extra Innings

Name of Child's School: _____

Name of Child (first) _____ (last) _____

Home Address _____ City _____

Home Phone _____ Cell () _____

Parent's Name (first) _____ (last) _____

Mother's Place of Work _____ City _____

Phone _____ Cell () _____

Email _____ Secondary Email _____

Parent's Name (first) _____ (last) _____

Father's Place of Work _____ City _____

Phone _____ Cell () _____

Email _____ Secondary Email _____

1. **Close Friend/Relative:**Name _____

Address _____

Daytime Phone _____ Cell () _____

2. **Close Friend/Relative:** Name _____

Address _____

Daytime Phone _____ Cell () _____

3. **Close Friend/Relative:**Name _____

Address _____

Daytime Phone _____ Cell () _____

Is your child presently on any medication? _____ Yes _____ No

If yes, what kind? _____

Does your child have any allergies? _____ Yes _____ No

If yes, what kind? _____

Can one of the above close friends or relatives pick up your child from a Park District program? Yes _____ No _____

EMERGENCY RELEASE FORM

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE DISTRICT OFFICIALS TO SECURE FROM ANY LICENSED HOSPITAL, PHYSICIAN AND/OR MEDICAL PERSONNEL ANY TREATMENT DEEMED NECESSARY FOR ME OR MY MINOR CHILD/WARD'S IMMEDIATE CARE AND AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF AND ALL MEDICAL SERVICES RENDERED.

 Child's Name Site Location Time & Date

I, the child's parent, have authorized, in advance, all emergency treatment.

Parent Signature _____

TO CASHIER: Please accept our insurance _____ or bill us.

Parent Signature _____

Address _____ City _____ Zip code _____

Daytime Phone(____) _____ Cell Phone (____) _____

If paramedics have a choice, which hospital would you **prefer** your child receive treatment:

Please provide family physician: Name _____ Phone _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ will drop off and pick up my child from *A.M. Club, Kindergarten Adventures, and/or Extra Innings*. In the event that I am unable to do so, I give authorization for:

 Name Home phone Daytime phone Cell phone

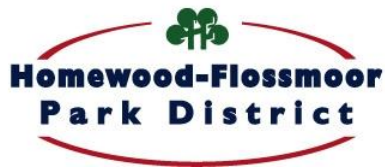
 Name Home phone Daytime phone Cell phone

to pick up my child. The above persons are the only people with whom my child is allowed to leave from the Park District activity. **I understand any changes from this must be in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.**

OR

I, _____, parent/guardian of _____ give permission for my child to (circle) **WALK / RIDE BIKE** to and from *A.M. Club, Kindergarten Adventures, and/or Extra Innings*. **I understand any changes from this must be made in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.**

Parent/Guardian Signature _____ Date _____



A.M. Club & Extra Innings Rules and Guidelines Agreement 2011-2012

A.M. Club, Kindergarten Adventures & Extra Innings are designed for students to have a fun and safe before and after school experience. Below are a list of rules and guidelines that have been created to make this possible. The Park District and Program Staff appreciate your cooperation and understanding of these rules.

Rules & Guidelines:

- Leave personal toys and gadgets at home (*ex: Yu-Gi-Oh Cards, PSP, Cell Phones, etc.*).
- Show respect to staff, supplies, facilities, enrichment instructors, and fellow students.
- Refrain from teasing and using offensive or profane language.
- Refrain from behavior that could cause harm (*ex: hitting or play fighting*)
-Fighting will automatically result in a minimum suspension of one day.
- Refrain from inappropriate contact and body language.
- Listen to instructions given by the Site Director and Recreation Leaders.
- Stealing is not tolerated and will result in immediate dismissal from program.

Discipline procedures:

- *First infraction:* Warning, timeout, parent notification
- *Second infraction:* 1-Day suspension, parent conference with Site Director
- *Third infraction:* 2-Day suspension, parent conference with Rec. Supervisor and Site Director
- *Fourth infraction:* 1-week suspension
- *Fifth infraction:* Dismissal from program (no refunds)

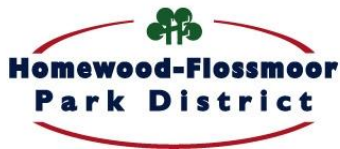
The Recreation Supervisor and Site Director will interpret these rules. It is at the discretion of the Site Director to implement the discipline procedures, and the discretion of the Recreation Supervisor to suspend a child in violation of the above agreement.

Please read and explain these rules and guidelines to your child. Sign and return this agreement to your child's Site Director. **A copy of the agreement for you to keep is enclosed.**

I have read and agree with the above rules and guidelines.

Parent Signature: _____ Date: _____

Child's Name/Signature: _____ Date: _____



A.M. Club & Extra Innings Rules and Guidelines Agreement 2011 - 2012 PARENT COPY

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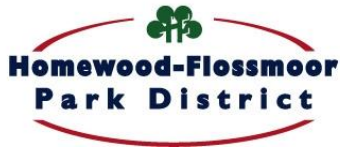
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Tell Us About Your Child

Program (Please Circle):

A.M. Club

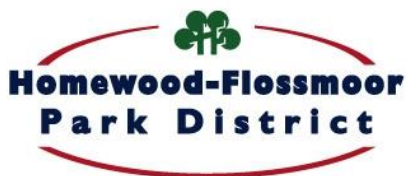
Kindergarten Adventures

Extra Innings

Child's Name:		School:	
Birthday:		Grade:	

Please use this form to provide information that will help your child's Site Director and Recreation Leaders better understand their needs while attending the A.M. Club, Kindergarten Adventures and Extra Innings Programs. Thank you.

1. Is this your child's first year with the program? If no, how many years have they been attending?
2. How does your child relate socially? Describe your child's relationship with siblings and peers (including those who may be attending A.M. Club or Extra Innings at the same time):
3. Has your child experienced any serious events in their life this year (recent move, parental marriage/separation/divorce, family illnesses or loss, etc.)?
4. Has your child had any behavior difficulties at home, school or elsewhere? If yes, please explain:
5. Please list any foods your child cannot eat due to allergies or sensitiveness, and any seasonal allergies they may have:
6. Any other information about your child you feel would be beneficial for our staff to aware of:
7. Do you want your child to work on homework during Extra Innings?



A.M. Club and Extra Innings 2011-2012 Payment Policies, Dates & Instructions

Payments for A.M. Club and Extra Innings must be mailed, called-in or dropped off at the Goldberg Center or Irwin Center. **Monthly installments are due on or before the 20th day of the month, prior to the start date of the program.**

Payment Locations:

Goldberg Administration Center, 708-957-0300

Mon. – Fri. 8 a.m. – 5 p.m.

Marie Irwin Community Center, 708-957-7275

Mon. – Thurs. 8 a.m. – 7:30 p.m.

Fri. 8 a.m. – 6:00 p.m.

Sat. 9 a.m. – 12 p.m.

Payment Due Dates:

Tuesday, Sept. 20 Friday, Jan. 20

Thursday, Oct. 20 Monday, Feb. 20

Sunday, Nov. 20 Tuesday, March 20

Tuesday, Dec. 20 Friday, April 20

Due dates and guidelines were created for the safety of your child; they are essential so the Park District can process your registration, and communicate with your child's School District, School Office, Transportation Coordinator and Site Director. **Monthly installments are the same throughout the school year.** Program costs are added for the entire year and divided evenly between Sept.-May. Even if your child misses days, you are still responsible for the regular rate. The Park District makes preparations based on the number of students enrolled.

Late Payment

A late fee of \$25 per child, per program is assessed on the 21st day of each month for late registration. **Late payments must be made before the last business day of the month. Late Payments made on or after the last business day of the month are subject to a one-business day (Monday-Friday) wait period before the child can attend the following month's program.** For example: If October's payment is made on Wednesday, Sept. 30, the student may attend beginning on Friday, Oct. 2. If November's payment is made on Friday, Oct. 30 or Saturday, Oct. 31 the student may attend beginning on Tuesday, Nov. 3.

Important Notes

- The Goldberg Center mail slot should never be used when installments are due on the weekend or after the office closes on the evening of the 20th – they will be considered late.
- Payments should never be put under the Irwin Center's front doors – payments left under the door on the evening of the 20th will be considered late.

Signing below acknowledges that you:

- **Received a new, 2011-2012 parent manual.**
- **Understand and agree to the monthly payment policies.**
- **Understand that payments made after the 20th day of the month are late and will result in a late fee of \$25 per child, per program. *Max: \$75/family.***
- **Understand that late payments made on or after the last business day of the month will result in a one-business day wait period before the student can attend.**
- **Understand that no exceptions to these policies will be made.**

Print Name: _____ Child's Name: _____

Signature: _____ Date: _____