



Dear Families,

Welcome to Ivy League Kids Sports & Recreation Program. The staff and I hold, as our primary concern, your child's health and safety. Ivy League Kids believes that out of school hours are an important time to enrich the lives of children to help them succeed in school and in life. We offer quality before and after school programming that focuses on fitness recreation and academic enrichment in a healthy, safe environment to all students in Kindergarten through 8th grade.

We look forward to working with you this year! On the following pages you will find the before and after school registration packet. 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 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 Kids.

Sincerely,
Joe Evans
Executive Director

We Service:

Summit Hill District #161
Mokena District #159
Kirby District #140
Frankfort District #157c
Troy CCSD 30C
Lagrange School District #105
Noonan Academy

Forest Ridge District #142
Palos School District #118
Community Consolidated District #146
Alsip, Hazelgreen and Oak Lawn School District #126
Mount Greenwood Elementary School
Hoover-Schrum Memorial School District #157
Ivy League Mokena Rec Center

Chicago Heights #170
Midlothian District #143
Lansing District #158
Homewood District #153
Flossmoor District #161
Manteno CUSD No. 5
And More!

Please notify your school what days your child will be attending Ivy League.



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Site Name: _____

School Name: _____ School Hours: _____ Start Date: _____

Days child will attend: AM Monday Tuesday Wednesday Thursday Friday
PM Monday Tuesday Wednesday Thursday Friday

Child's Full Name: _____ Birth Date: _____ Male Female

Nickname: _____ Grade: _____ Home Phone: _____

Full Address: _____

Mother/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for Text Alerts? Yes No

Email: _____

Full Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

Father/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for Text Alerts? Yes No

Email: _____

Full Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

How did you hear about us? _____

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.

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____

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To submit your registration, email it to register@ivyleaguekids.org, fax it to **815-464-1140** or drop it off at the **Ivy League Mokena Rec Center at 8500 W. 191st St. Mokena, IL 60448.**



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

Name	Age	Birth Date	M or F	School & Grade

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? Please describe.



Emergency Information and Consent

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

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.



Permission Consent

Child's Name: _____ Date: _____

Field Trips (Day 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 Kids Fit Foundation/Ivy League 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 videos are sometimes taken for use within the program for educational or marketing 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 marketing purposes or stories done about the center activities.

Sports and Recreation

I understand that the Kid's Fit Foundation/Ivy League and all of its programs are not a daycare facility or program. I understand that the Kid's Fit Foundation/Ivy League 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.



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.



Transportation

Child's Name: _____ Date: _____

Your child may 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 (if applicable).

Parent signature: _____ Date: _____

Unauthorized Pick-up

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

Name	Relationship

Parent signature: _____ Date: _____

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. Should your child be suspended from the program, refunds will not be given for the suspension period.

Parent signature: _____ Date: _____

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



The Ivy League

Before & After School Sports & Recreation Program

Payment and Scheduling Policy

Ivy League Kids/Kids Fit Foundation is a non-profit organization that provides excellent programming including fitness and recreation, STEM (Science, Technology, Engineering, Math) Education, arts & crafts and homework help. Our goal is to keep the programs at a reasonable rate 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. Please direct any questions about bills or balance due to the Mokena Rec Center's billing department. Below is a copy of our payment and scheduling policy.

Ivy League Kids billing policy is as follows:

- Payment is due 1 week prior to attending on Monday or Tuesday.
- If tuition is not paid Tuesday evening for the following week, the credit/debit card or checking account on file will be processed for the amount due plus a \$15.00 late fee on Wednesday morning.
- 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

Please process my payment every Monday automatically.

Parent signature: _____ Date: _____

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



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

