



Ivy League Before & After Registration

Ivy League location child will attend: _____

School child attends: _____ School Hours: _____ Start Date: _____

Days child will attend:

Before Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

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

☐ ADD ☐ ADHD ☐ Autism ☐ Asthma ☐ Allergies/Sensitivities: _____ ☐ Other: _____

Is there anything else we should know about your child? (This includes learning styles, special interests, or anything that will help us support them best.)

Primary Parent/Guardian's Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for text alerts: ☐ Yes ☐ No

Email: _____

Home Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

Secondary Parent/Guardian's Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for text alerts: ☐ Yes ☐ No

Email: _____

Home Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

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

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____



Emergency Information and Consents

In the event of a medical or dental emergency, I authorize the Ivy League Kids to seek medical emergency services for my child, _____ when I cannot be immediately reached at the time of the emergency. I understand that staff will make all attempts to contact 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.

Administering First Aid

I give my permission to Ivy League Kids 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.

Consent to Administer Medication

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

Prescription medication must be brought in the original pharmacy container and clearly labeled with child's name, clearly written administration instructions, and dosage.

Name of Medication: _____ Dosage: _____

Time(s) to be given: _____ Date(s) to be given: _____

Reason for medication: _____

Special instructions: _____ Refrigeration required? YES NO

☐ ☐

Unauthorized Pick-Up

The following individuals do **not have permission** to pick my child up from any Ivy League Program:

Name	Relationship

Parent/Guardian Signature: _____ Date: _____

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



Emergency Information and Consents Cont'd

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 Kid's 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.

Transportation

Your child may be transported by school bus to and from their school or ride the Ivy League vehicles. Ivy League has permission to transport my child to and from school (if applicable).

Photography

Photos and videos may occasionally be taken during program activities for educational use or to highlight our program in newsletters, displays, or news stories. While we aim to notify parents when possible, it may not always be feasible—especially in group settings or when materials are used in the future.

By signing below, I give permission for my child's image to be used in program-related materials and media that reflect the activities and values of the center.

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.

Prohibition of Firearms and Weapons Policy

For the safety and well-being of all children, families, and staff, firearms, weapons, and any item that may be considered dangerous are strictly prohibited on the premises of our before and after school program. This includes in and around the facility, playgrounds, and parking areas, regardless of permit status.

Any violation of this policy will result in immediate removal from the premises and may lead to further action, including notification of local law enforcement.

DCFS License Exempt Statement Notice to Families

I understand that Ivy League Kids/Kids Fit Foundation facility and all of its programs are not a licensed daycare facility or program and therefore are NOT regulated by DCFS. Ivy League Kids/Kids Fit Foundation is a non-profit organization that provides before and after school programming for school aged children that include fitness and recreation (both indoor and outdoor), STEM (Science, Technology, Engineering and Math) Education, arts and crafts and homework assistance. Although Ivy League Kids/Kids Fit Foundation is a Licensed Exempt Before and After School Program, the staff undergo a Criminal Background Check with Fingerprints, a CANTS Background Check, Illinois Sex Offender Registry Check and becomes a Mandated Reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4].

By signing below, I understand and acknowledge the above statements.

Parent/Guardian Signature: _____ Date: _____



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 person to be fearful, through verbal, physical, or the use of gestures.
2. No one may place themselves in dangerous situations or be the cause of jeopardizing the health or safety of a person.
3. No one may be disrespectful of another person's 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 Child Guidance and Discipline:

1. A staff member will speak with the child and give them a set of alternatives, which they may choose from to correct or help to make better the situation.
2. If needed, the child will sit out from the activities and complete a calm down reflection. (No longer than 1 minute out per number of years of a child's age.)
3. Depending on the severity of the incident, or in the case of ongoing incidents, a written behavioral report may be filled out for the parent's review and put in the child's file.
4. 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. The parent will be notified immediately.

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 may be removed from the program.

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

1. Non-compliance with the five rules on a consistent basis.
2. Severe, uncontrollable, or aggressive behavior.
3. Inappropriate behavior or language on a consistent basis.
4. Repeated incidents which are a burden for staff to handle and which don't allow for effective supervision of others, or which may infringe upon the rights of others to participate.

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

Parent/Guardian Signature: _____ Date: _____

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



Ivy League Kids / Kids Fit Foundation is a non-profit organization offering a well-rounded program that includes fitness and recreation, STEM education, arts & crafts, and homework support. Our mission is to provide high-quality programming at an affordable rate while supporting busy families with flexible scheduling options. To ensure we can continue offering exceptional care and enriching experiences, we rely on consistent scheduling and timely payments. Our operating costs and staffing are planned based on the number of children enrolled and scheduled. **Payments are due in full each Monday to avoid late fees.**

Please review our full payment and scheduling policy below.

For any billing questions, feel free to contact our office at 815-464-1265.

Thank you for helping us keep our program running smoothly for all families!

In order to avoid late payment fees, we ask that your balance is paid in full via automatic payment withdrawal on Mondays.

Tuition & Billing Guidelines:

- Payment is due one week prior to attending on Mondays. The payment made on Monday will cover the following week's tuition.
- If the card or checking account on file comes back as a declined payment, and \$15.00 declined payment fee will be automatically applied to your account.
- 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 temporarily or permanently). Without a 2-week notice, you will be responsible for the tuition through the current billing period.
- There are no exchanging of days without a 2-week written notice (example: This week wanting to switch Tuesday for Thursday). You can submit your 2-week written notice of changes to our Billing Team by emailing contact@ivyleaguekids.org OR you can call and speak to a member of our Billing Team by calling 815-464-1265 to receive verbal confirmation of the 2-week notice change.
- If you need to add days with less than a 2-week's notice, you will be billed as follows:
 - More than 24-hour notice will charge the 1-day rate
 - Less than 24-hour notice will charge the drop off rate (1-day rate + \$5.00)
 - If you attend a day that you were not scheduled for without notice, you will be charged the drop off rate (1-day rate + \$5.00)
- There is no credit for sick days, days absent, or extreme weather days.
- Responsible payer must have a valid credit/debit card or checking account on file at all times. If card or account on file comes back declined multiple times, a new form of payment is required.
- All unpaid balances will be collected at the end of the year.

Late Pick Up Policy:

Please be sure to pick up your child by site closing time. There will be a 5-minute grace period for the first occurrence. After the grace period, \$1.00 per minute per child will be charged to your account. Chronic late pick-ups will result in higher late fees and/or termination from our program.

Withdrawal from the Program:

A 2-week notice is required when dropping from the program. You will be responsible for the tuition through the period without a 2-week notice. Written notice for withdrawal can be made by emailing contact@ivyleaguekids.org or you can call our administrative office at 815-464-1265.

The **Automated Payment Processing** form on the next page must be filled out for registration to be considered complete.

Parent/Guardian Signature: _____ Date: _____

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



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. 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			

Section A or B must be filled out in order to confirm your enrollment and process your registration fee.



Your Name Any Street, Anytown Tel: (001) 555-0000		0001
DATE _____		
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE		\$ _____
DEPOSIT SLIPS NOT ACCEPTED		100 DOLLARS
Savings Bank Any Street, Anytown Tel: (001) 555-5555		Security features included. Call us on back.
RE	MP	
123456789	000123456789	0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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