PATRIOTS GATEWAY COMMUNITY CENTER
615 S. FIFTH STREET – ROCKFORD, IL 61104
WWW.PATRIOTSGATEWAY.ORG
815-967-0413

2026-2027 Registration Form

Child Information:

Full Name _____ Date of Birth: MM/DD/YYYY _____

Grade as of 9/1/26: _____ School: _____

Gender: ☐ Male ☐ Female Ethnicity: _____

Address: _____
City/State/Zip Code

Youth's Shirt size: ○ YS (6–8) ○ YM (10–12) ○ YL (14–16) ○ YXL (18–20) ○ Adult Small ○ Adult Medium ○ Adult Large

Did child attend our After School Program: ☐ Yes ☐ No

Did child attend our 2026 Summer Camp: ☐ Yes ☐ No

Parent Information:

Primary Parent: _____ Relationship: _____

Telephone Number: _____ Email: _____

Place of Employment: _____ Hours/week: _____

Second Parent: _____ Relationship: _____

Telephone Number: _____ Email: _____

Address: _____
City/State/Zip Code

Place of Employment: _____ Hours/week: _____

Which parent does the child reside with? ☐ Primary Parent ☐ Secondary Parent

Emergency Contact:

1st Contact Name: _____ Relationship: _____

Telephone Number: _____ Address: _____

2nd Contact Name: _____ Relationship: _____

Telephone Number: _____ Address: _____

Registration Fees/Commitment to Pay

Date of 1st Day:

***Daily Fee: $35** ***Weekly Fee: $175**

How will you pay for After School?

- Out of Pocket
- I currently received CCAP and will add PGCC as approved site.
- I will apply for the Child Care Assistant Program (Childcare Solutions)

If you are paying out of pocket, child can start as soon as payment is made.
If you have or plan on applying for CCAP, child can start and CCAP Form Needs to be Submitted!

Payment is due on the first day of each week.

I agree to provide timely payment for this child at Patriots Gateway Community Center.

*Signature of Adult responsible for payment and/or childcare solutions:

Print Name | Signature | Date

Child's Physician

Name: Clinic:

Address:

City/State/Zip Code

Number:

Authorized Pick-ups

1st Person: Relationship:

Address: Number:

2nd Person Relationship:

Address: Number:

Special Information

Please check YES or NO for each of the following statements indicating your agreement to consent.

☐ Yes ☐ No

I state that any medical conditions (listed or not listed) would not prevent my child from safely participating in a sport/activity.
I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity. I authorize Patriots Gateway Community Center to administer emergency first-aid.
In the event that neither I nor my emergency contacts can be reached in an emergency, I give permission to Patriots Gateway Community Center to contact my child's physician or a physician selected by Patriots Gateway Community Center to secure proper treatment for the child in case of an illness or injury. I authorize the use or disclosure of the health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

☐ Yes ☐ No

I understand that my child will participate in day trips that will originate and return to Patriots Gateway Community Center. If my child has submitted and completed all registrations forms for enrollment in After School Program 2026-2027 (ASP), I give my permission for my child to be transported on vehicles to the designated field trip location. If my child has not completed all registration forms for enrollment in ASP, they will not be allowed to attend the field trip _____INITIAL and I understand that my child will not be attending ASP on that day _____INITIAL because there will be no staff at PGCC. You will provided with specific transportation details for each filed trip in advance.

Please check YES or NO for each of the following statements indicating your agreement to consent.

☐ Yes ☐ No

Patriots Gateway Community Center is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Patriots Gateway Community Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.
WARNING OF RISK: Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premise defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Patriots Gateway Community Center to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up for and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with this program/activity (including field trips and transportation services/vehicle operation when provided).
I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Patriots Gateway Community Center, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge Patriots Gateway Community Center from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the program/activity.

☐ Yes ☐ No

Photo Release (Note: Check "No" if you are a foster parent to the child.)
I give permission to Patriots Gateway Community Center to use and publish any photographs, videotape, film, slides or any likeness taken of my child while involved in programs at or with Patriots Gateway Community Center. I further waive, release and disclaim any right or claim to any payment or compensation for the use of my child's likeness, and waive, release and disclaim any damages or injuries which my child could or may suffer as a result of my consent to said use of any likeness of my child. Your child may step away from the camera or notify the photographer if you prefer that they not be photographed.*

☐ Yes ☐ No

Should the Patriots staff be aware of any MEDICATIONS your child is taking? And the purpose?

If yes, please explain:

☐ Yes ☐ No

Should the Patriots staff be aware of any mental, physical, or behavioral conditions your child has? ie. Autism , ADHD etc.

If yes, what triggers should staff be aware of:

☐ Yes ☐ No

Should the Patriots staff be aware of any other factors critical to the well-being and ability of the child to participate in the program?

If yes, please explain:

Immunization

Is your child immunized? **(please mark box)** **YES ☐** **NO ☐**

We need a copy of your Immunization and Health Form (like the one submitted to your school district).
If not immunized, please provide an Illinois Immunization Exemption form from your medical provider.

Allergies

Does your child have any allergies? (please mark box) **YES ☐** **NO ☐**

If so, please explain the allergies and what we may need to know:_____

_____

Parent Agreement & Consent

I, the undersigned, being legal guardian of the minor listed on this application, hereby grant permission for the named applicant to participate in this program, having read and agreed to all the terms and conditions as stated above, and with the understanding that payment is due one week prior, contingent on alternative payment, and is non-refundable.

Participant Printed Name:_____

Parent/Guardian Name Printed:_____

Parent/Guardian Signature: _____

Today's Date: _____

*CCAP Attendance Agreement

If you are funded with CCAP or scholarship, you are required to attend at least 75% of the After School Program days each week. If you do not attend at least 75% of each week, then you may be responsible for cash payment of weekly registration fee. All fees for After School Program must be paid or payment arrangements must be made with the office. If your child is absent four out of ten days in a consecutive two week period, they will be unenrolled and the After School slot will be assigned to another youth on our waiting list.

If you know that your child will be absent for an extended vacation, you must notify us two weeks in advance or their slot may be assigned to another youth on the waiting list.

Parent/Guardian Signature: _____

Date: _____

ROCK CLIMBING WALL WAIVER

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the sport of climbing, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Patriots Gateway Community Center and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of climbing involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis, broken bones, torn ligaments, or bruises as a result of falls from walls on which climbing is being done; participants being struck by falling objects, such as other climbers or equipment; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature_____ **Print Name**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Telephone (___)_____ **Date** _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian_____ Print Name_____ Date_____

(If notarization is necessary, please sign & stamp this side of form.)

PATRIOTS
GATEWAY COMMUNITY CENTER

PARENT HANDBOOK

Philosophy

Patriots Gateway Community Center (hereafter referred to as PGCC) strives to maintain a positive approach to managing children's behavior at all times. "Discipline" is the process of teaching self-control and the ability to live within limitations and agreed upon guidelines. The PGCC staff and children establish expected behavior guidelines. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside of the guidelines, some consequence is required to avoid future problems. The overall safety of all children in the program is our highest priority.

Program

Youth enrolled in PGCC's After School Program (ASP) will have the opportunity to experience a variety of activities, including, but not limited to, academic help, arts / crafts, character development, and fitness. Participants will experience opportunities for personal growth, skill development, and creative thinking, while focusing on the principles of caring, honesty, responsibility, and respect. Participants are expected to take part in all activities.

Hours

ASP Program hours are 2:00-6:00pm. Participants should be picked-up by 6:00pm, if possible, but no later than 6:10 p.m. These time frames are designed to ensure quality programming and safety for all participants. There will be a $1.00 per minute late fee assessed for participants that are picked-up after 6:00 p.m. If a participant is not picked-up by 6:10pm and you haven't notified us, a call will be made to the emergency contact listed. If we haven't reached anyone by 6:20pm, the authorities may be called. Continued abuse will result in termination from the program.

Fees

The daily rate for After School Program is $90. Payments are collected on a weekly basis. The payment for the upcoming week is due **on the Friday before** that week begins. Your fee covers the direct operating expenses and meals. All the services covered by the fee must be available to your child. When you enroll your child, you are reserving space, time, staffing, and provisions. It is your responsibility to ensure your child attends the days that you paid for as there will be NO REFUNDS. (Exceptions may be made on a child per child basis.
CCAP Recipients: Co-pays are to be paid between the first (1st) and the fifteenth (15th) of each month by exact cash or debit card. Please stay current to avoid interruptions in your child's attendance.

Authorized Personnel

Only adults (18+) listed on your child's registration form will be allowed to pick up your child from the program. Photo identification will be required. This is for the safety of the children. ***Parent's/Guardians are expected to come in to drop off their child/children as well as pick them up. Please avoid calling the center to have your child sent out; staff will not send the children out unless an authorized personnel comes in to sign them out. Your cooperation is appreciated. ****

Parent Handbook Acknowledgement

I have read and agree to adhere to the policies outlined in this handbook. I understand it is my responsibility to familiarize my child and those listed on my child's registration form with these policies. Failure by myself, my child, or those authorized personnel on my form to follow these policies may result in my child being terminated from the program.

_____

Child's name (Please print.)

_____

Parent's / Guardian's name (Please print)

_____

Parent's / Guardian's signature Date

(Please sign this page and leave with registration papers. Please keep pages 8-12)

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Attendance

Youth must attend at least two days out of each week to participate in our exciting field trips. This ensures participants are engaged and have opportunities to connect and develop skills.

CCAP Recipients: If your child does **not attend at least three days per week**, your CCAP case may be at risk of cancellation.

Discipline

When positive behavior is displayed, the consequence is participation in and enjoyment of planned activities. In cases of negative or inappropriate behavior, the following processes will be employed.

1. Reasoning and Redirection: Every effort will be made to help the child understand the inappropriateness of his / her action and agree to an alternative form of behavior. Children may be redirected to alternative activities. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face, with staff facilitating.

2. Removal from Specific Activity: When reasoning has been pursued and has not changed behavior, removing the child from the activity involved for an appropriate amount of time may become necessary. The denied activity will be related to the misbehavior.

3. Child / Director Conference: When the counselor is not successful in correcting behavior, PGCC's Program Director may meet with the child to redirect him / her to use of proper conflict resolution strategies.

4. Parent Conference: If the parent needs to be formally involved in the process, specific changes in behavior will be requested, with specific consequences for non-compliance outlined. This is usually accomplished through the use of a "Behavior Contract". When possible, the child is present and participates in these conferences. The goal is to define what changes need to be made to help the child be successful in the program.

Removal from Program for Inappropriate Behavior

If the above process has not resulted in corrected behavior, the family will be required to remove the child from the program.

Behavior-Related Issues

In addition to behavior management procedures outlined above, parents / guardians must be aware that:

-No staff member may ever strike, swear at, abuse, or threaten with physical intimidation either a child or parent.

-No staff member will allow a child to be struck, sworn at, abused, or physically intimidated by anyone else in the program.

-No child who becomes a safety hazard to him/herself or others will be allowed to continue in the program.

-No staff member will ever solicit or accept gratuities in consideration for any treatment of a child.

Behavior Management

The safety of a child is the highest priority for setting behavior management procedures. When a child has a serious discipline problem (on any ONE (1) occasion), the parent / guardian may be called by staff and requested to pick-up the child within one (1) hour of the call. Examples of a serious discipline problem may include, but are not limited to the following:

-Hitting another child

-Threatening or intimidating others

-Injuring another child or staff member

-Leaving the program site and / or refusing to remain with their groups

-Use of foul language or being repeatedly disrespectful towards staff

-Defacing or otherwise damaging PGCC or field trip destination property

-Stealing

If PGCC staff concludes that a child poses a serious discipline problem, the child may be suspended from the program for a period of 1 to 5 days or be removed from the program entirely. **No refunds or credits of fees will be given if a child is suspended or removed from the program.**

Appropriate Behavior Between Parent / Guardian and PGCC Staff

Any abusive behavior displayed by a parent or individual associated with the child towards any PGCC staff may result in suspension or termination from the program. This includes yelling, threatening, or other perceived aggressive behavior. PGCC staff work in a professional manner, treating you and your child with the highest level of respect. They deserve and expect the same level of respect in return.

PGCC Child Abuse Prevention Policy

PGCC maintains a policy of Child Abuse Prevention practices, which include procedures related to:

-Employee reference checks, hiring criteria, and background checks

-Training and supervision requirements for staff

-Staff relationships with children

-Unscheduled site visitation by PGCC supervisory staff or members of the Board of Directors

These policies are enacted to protect parents, children, and PGCC staff members from actual occurrences or allegations of child abuse. For more information, contact the Program Director.

Opportunities for Communication

To ensure you and your child are getting the most out of your PGCC experience, we want to have open lines of communication with you. Please call if you have any questions. You are also welcome to stop in any time to check on the program and your child's progress.

Parent Information Area

When you pick up your child each day, please check for any up-to-date information or notices at the front desk. Please also check any posters or brochures for other information pertaining to PGCC activities and opportunities to volunteer.

Parent Concerns

PGCC is dedicated to developing and maintaining high levels of program service. We want to hear from you if we have not accomplished this goal. The PGCC staff is available to assist you with questions or concerns and will work with you for resolution. In the event a concern is not resolved to your satisfaction, you may contact the PGCC Executive Director.

Medication During Program

Any medication which needs to be administered during the program hours must:

-Be accompanied with a "Permission to Medicate" form

-Be brought directly to the Program Director in its original container, with the child's name, physician's name, and drug name clearly labeled on the container

-Have specific written instruction for dosage amounts, times, etc.

PGCC staff are NOT permitted to administer any over-the-counter medication, such as aspirin and cough medicine, without having written instructions and dosage given by the child's physician. All medication, including inhalers, cough drops, ointments, etc., must be kept locked in a cabinet or in the possession of a staff member.

NOTE: Staff cannot split pills or administer amounts other than as specified on the prescription bottle label, unless directions are given in writing by the child's physician.

Chronic Health Issues

PGCC will administer medications to children who have asthma, experience allergic reactions, or require blood-glucose tests. PGCC will not administer insulin shots. Any other substitute foods for raising blood sugar, such as honey, orange juice, or other food substance will be maintained at the parents' request if we are reasonably able to do so. Parents of children with any potentially life-threatening illness or condition must be reachable by PGCC staff the entire time the child is at PGCC.

Illness During Program Hours

If your child becomes ill, he / she will be isolated from other children, and you will be contacted to pick-up him / her. PGCC is not equipped to handle ill children beyond securing their immediate comfort. If you are contacted, you need to make arrangements to pick-up your child within one (1) hour. Please keep PGCC informed of any changes in your work or emergency phone numbers. If you cannot be reached, we will contact someone you have authorized.

Child Illness

For the sake of your child and others, if your child has a temperature of one full degree over normal, is vomiting, or shows other signs of illness (rash, diarrhea, sore throat, etc.), they may not attend the PGCC summer program. Also, please keep your child at home if they are too tired to participate in planned activities. By 7:30 a.m. on the day of the absence, parents / guardians should notify PGCC of their child's absence **AND** the nature of the absence by calling (815) 316-3023, ext.10, and leaving a message.

Injuries During Program Hours

If your child is injured during program hours, the staff members in charge will take whatever steps may be necessary to obtain emergency medical care as warranted. These steps may include, but are not limited to, the following:

-Provide immediate first aid

-Attempt to contact parent / guardian

-Attempt to contact others listed on your registration forms.

In case of serious injury, appropriate emergency medical assistance will be contacted (911 will be called). A PGCC staff member will remain with the child until a parent / guardian or other authorized adult arrives. PGCC staff may not transport program participants.

PGCC does **NOT** carry accident insurance on participants. All expenses incurred in the treatment of injuries due to accidents that occur during a PGCC program will be the responsibility of the parent / guardian.

Emergency Procedures

If the PGCC program site must evacuate due to an emergency, we will go to the designated location posted on the PGCC "Emergency Care and Disaster Plan."

Snacks and Lunches

A afterschool snack will be provided to participants. Refrigeration and / or warming of food you send with your child cannot be provided. So, please do not send perishable items or items that need to be heated or cooked. Please inform the PGCC After School Coordinator in writing about any food allergies your child has.

Clothing, Personal Items, Lost & Found

Children will be doing arts & crafts and probably going outside, so clothes may get soiled. Children should not wear clothing that restricts activity. Footwear is required. **Tennis shoes** are highly recommended for active play. **No flip-flops or shoes with heals allowed during active play times**.

Please mark all of your child's belongings (i.e., lunch boxes, water bottles, jackets, backpacks). PGCC will not be responsible for lost, damaged, or stolen articles. Please do not let you child bring valuables (cell phones, iPods, toys, trading cards, video games, etc.) to the site. These items will be confiscated and returned to the parent / guardian at the end of the day. After one week, lost and found items will be donated to a charitable agency.

DCFS Exemption

The program and PGCC's facility are exempt from licensing and regulation by the Illinois Department of Children and Family Services.

Firearms-Free Site

Firearms are not permitted in PGCC's facility or on its grounds.