



Questions??
Call us at
815.967.0413

After School Program Registration Form

August 14, 2024-May 21, 2026 • Monday-Friday •
2-6pm Cost: \$18/day (to be paid weekly) **CCAP Accepted**

Child Information (One per child)

Full Name	:	<input type="text"/>	Date Of Birth	:	<input type="text"/>	<input type="text"/>	<input type="text"/>				
					MM	DD	YY				
Grade enrolled in Fall 2025	:	<input type="text"/>	School	:	<input type="text"/>						
Full Address	:	<input type="text"/>									
City/State	:	<input type="text"/>				Zip Code:	<input type="text"/>				
County	:	<input type="text"/>									
Participant t-shirt size	:	<input type="checkbox"/> YS (6-8)	<input type="checkbox"/> YM (10-12)	<input type="checkbox"/> YL (14-16)	<input type="checkbox"/> YXL (18-20)	<input type="checkbox"/> Adult small	<input type="checkbox"/> Adult medium	<input type="checkbox"/> Adult Large			
Did your child attend our Summer Camp this year?		YES	NO					Do you receive other government assistance?	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child attend our After School Program last year?		YES	NO					Do you receive SNAP ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethnicity	:	<input type="text"/>									

Parent information (Dropping off and/or picking up)

<u>Primary Parent</u>	:	<input type="text"/>	Relationship	:	<input type="text"/>
Address/City/State.	:	<input type="text"/>			
Country	:	<input type="text"/>	State / Provenience :	<input type="text"/>	
Cell Phone	:	<input type="text"/>	Email	:	<input type="text"/>
Place of Employment	:	<input type="text"/>	Hours of Employment	:	<input type="text"/>
<u>Second Parent</u>	:	<input type="text"/>	Relationship	:	<input type="text"/>
Street Address City /	:	<input type="text"/>			
Country	:	<input type="text"/>	State / Provenience :	<input type="text"/>	
Cell Phone	:	<input type="text"/>	Email	:	<input type="text"/>
Place of Employment	:	<input type="text"/>	Hours of Employment	:	<input type="text"/>
<u>Which adult does child reside with?</u>	:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> if other, please write	<input type="text"/>

*DATE OF FIRST DAY OF ATTENDANCE :

First week's payment due one week prior to first day of attendance. Subsequent weekly registration fees due by Friday preceding the week for which payment is due. If the week's registration fee is not made by the due date, your child will not be able to participate in the program until payment is made. I agree to provide timely prepayment for this child and the programs attended at Patriots Gateway Community Center.

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

How will you pay for your child? : ☐ I will pay ☐ I have Child Care Solutions and have Patriots Gateway Community Center as an approved site. This applies only to the programs for GRADES Full-time Kindergarten through Grade 6.

Printed Name

Signature

Date

Child's Physician or certified Christian Science Practitioner

Name : Clinic :

Address :

City / Country Zip : State / Provenience : Phone

Code : Number :

Emergency Contacts

1st Emergency Contact : Phone number :

Address of Contact :

Relationship :

2nd Emergency Contact : Phone number :

Address of Contact :

Relationship :

Persons Authorized to pick up child

1st Person : Phone number :

Address of Contact :

Relationship :

2nd Person : Phone number :

Address of Contact :

Relationship :

Special Information & AGREEMENT of Consent

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

☐ Yes ☐ No : Medical Consent and Release

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 summer camp 2023, 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 summer camp 2023, they will not be allowed to attend the field trip ____ INITIAL and I understand that my child will not be attending summer camp 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.

WAIVERS

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.

☐ Yes ☐ No :

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.

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.*

*If you originally answered "Yes" to the "Photo Release" above but now wish to revoke permission, please initial and date below.

I hereby by revoke my permission for Patriots' Gateway Community Center to use pictures, videos, or any other graphic depiction or likeness of the minor listed in this application.

Initials: _____ Date: _____

☐ Yes ☐ No : Should the Patriots staff be aware of any medications being taken, any disabilities or any special medical conditions such as allergies, asthma, etc. in relation to your child?

If yes, please describe:

☐ Yes ☐ No : Should the Patriots staff be aware of the child who may have Autism, Asperger's, Down Syndrome, Tourette's?

If yes, what level or triggers should staff be aware of:

☐ Yes ☐ No : Should the Patriots staff be aware of the child having ADHD or ADD?

If yes, list any triggers:

☐ 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 describe:

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 Name Printed: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Today's Date: _____

If you are funded with CCAP or scholarship, you are required to attend at least 75% of the summer camp days each week. If you do not attend at least 75% of the summer camp days, then you will be responsible for cash payment of weekly registration fee. All fees for summer camp 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 from camp, and the summer camp slot will be assigned to another youth on our waiting list.

If your child is registered for the middle school camp (entering grades 6th through 8th), and your child is absent 4 out of 10 days in a consecutive two week period, they will be unenrolled from camp, and the summer camp slot will be assigned to another youth on our waiting list. If you know that your child will be absent from summer camp for an extended vacation, you must notify us two weeks in advance or their summer camp slot will be assigned to another youth on the waiting list.

Adult or Parent sign and date :





After School Program 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 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

Program hours are 2:00 p.m. - 6:00 p.m. Participants should be picked-up no later than 6:00 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 6:15 p.m., the authorities may be called. Continued neglect will result in termination from the program.***

Fees

Please see the After School Program Registration Form for the current daily fee. Your fee covers the direct operating expenses. All of 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. All fees must be paid by the 5th of every month.

Child Care Assistance Program (CCAP) via Child Care Solutions @ YWCA

The CCAP program exists to help income-eligible families pay for some of the cost of child care. Parents/guardians must complete an application to apply for assistance and supply verification of employment and/or education activity. It can take 7-10 business days to receive your decision; **child can not start until your case is approved.** You can submit your application up to 90 day's in advance. If you currently receive CCAP, you must request a Change of Provider Form from your case worker and receive your approval prior to starting your child. Any co-payments assigned to your case must be paid by the 5th of every month to avoid any interruption in your child attendance.

Authorized Personnel

Only those individuals 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.

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 Summer Camp 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 sign out 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.

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

Afternoon cold supper 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 Program Director 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 heels 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 your 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.

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After School Program Parent Handbook

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

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Field Trips Permission Form

Dear Parent or Guardian:

Patriots' Gateway's After-School and Summer Camp Programs take our youth on field trips. The date and nature of each trip will be posted at the Patriots' reception desk area prior to the trip, along with any special instructions about appropriate clothing, etc. Please check for these notices daily when you drop-off or pick-up your child.

There typically is no extra cost for these trips. Food is provided when the trip spans our normal lunch or snack period. To acknowledge that you approve of your child attending these events, please sign this consent form, and return it to Patriots'. Please complete a separate form for each child you have enrolled in the program.

Your signing this form indicates that you approve of your child attending all of the trips. You will not receive a separate permission form for each trip. If we do not receive a signed permission form, your child will not be able to participate in the trip. If we do not have the signed permission form, or if you simply do not want your child to attend the trip, your child will not be able to remain at the center during the trip because staff will not be on-site.

Thank you.

Your child's name: _____

I hereby give consent for my child to attend all Patriots' field trips.

In case of an emergency, please contact:

Name: _____ Phone: _____

Parent /Guardian Signature: _____ Date: _____

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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 _____

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