



Dear Families,

Welcome to the Ivy League Sports & Recreation Program. Our program offers a wide variety of developmentally appropriate activities. The staff and I hold, as our primary concern, your child's health and safety. We want you to know that our goal is to provide the highest quality programming and educational experience for your child.

We look forward to working with you this year. On the following pages you will find a 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 for Before and After School programs 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.

Sincerely,

**Jackie Evans**

Executive Director



Summit Hill District #161

Mokena District #159

Kirby District #140

Forest Ridge District #142

Palos District #118

District #146

Chicago Heights #170

Midlothian #143

Lansing District #158

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



# Ivy League Kids

Before & After School Sports & Recreation Programs

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

Site Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days child will attend:  Monday  Tuesday  Wednesday  Thursday  Friday

Please check if you need:  Before Care  After Care (Days:  M  T  W  TH  F)

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: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home and Employer Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home and Employer Phone Numbers: \_\_\_\_\_

To submit your registration, email it to [cindy.scroggin@ivyleagueafterschool.com](mailto:cindy.scroggin@ivyleagueafterschool.com), 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?

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### 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.

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Does he/she have allergies or sensitivities? Please describe.

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## 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 (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.

### 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 for Kid's Fit Foundation/ Ivy League, Mokena Site Location

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your child will 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.

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.*





## Ivy League Payment and Scheduling Policy

Ivy League Before and After School Program/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 reason 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. Your amount due is listed under the accounting button when you sign in your child(ren). Please direct any questions about bills or balance due to the Rec Center's billing department. Below is a copy of our payment and scheduling policy.

### **Ivy League 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 2-week period.
- There are no exchanging days without a 2-week written notice, (example: This week Tuesday instead of Thursday). \*Must be a written notice to our administration office in Mokena. To exchange days, email notice to [cindy.scroggin@ivyleagueafterschool.com](mailto:cindy.scroggin@ivyleagueafterschool.com), fax to 815-464-1140 or you can call our administration office 815-464-1265 for approval.
- If you need to add days with less than 2-week's notice, you will be billed as follows:
  - More than 24 hr. notice at the 1-day rate.
  - Less than 24 hr. notice at the drop off rate (1-day rate + \$5.00)
  - If you attend a day that you were not scheduled, you will be billed for that day at the drop-off rate.
- There is no credit for sick days, days absent or snow days.
- Responsible payer must have a valid credit/debit card or checking account on file for all accounts, at all times.

**Site After Hours: Please be sure to pick up your child by site closing time. There will be a 5 minute grace period. After the grace period, \$1.00 per minute will be charged per child to your account.**

Please process my payment every Monday automatically.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Ivy League Schedule Change Form

To change days, email notice to [cindy.scroggin@ivyleagueafterschool.com](mailto:cindy.scroggin@ivyleagueafterschool.com), fax to 815-464-1140 or you can call our administration office 815-464-1265 for approval.

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date of Change: \_\_\_\_\_ Location of Program: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Permanent Change: \_\_\_\_\_ One Time Change: \_\_\_\_\_

Note: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER WE MUST HAVE 2-WEEKS NOTICE TO CREDIT YOUR ACCOUNT**

### Office Use Only\*\*\*

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Bus Run: \_\_\_\_\_ Site Director: \_\_\_\_\_ Ledger: \_\_\_\_\_ Schedule: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date of Change: \_\_\_\_\_ Location of Program: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Permanent Change: \_\_\_\_\_ One Time Change: \_\_\_\_\_

Note: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER WE MUST HAVE 2-WEEKS NOTICE TO CREDIT YOUR ACCOUNT**

### Office Use Only\*\*\*

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Bus Run: \_\_\_\_\_ Site Director: \_\_\_\_\_ Ledger: \_\_\_\_\_ Schedule: \_\_\_\_\_

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



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## Master Price List

**Registration Fee - \$30.00 for School Year (For Each Child)**

### Program Sites

Forest Ridge Schools .....	Hours: 6:00 am - 6:15 pm
Palos Schools.....	Hours: 6:30 am - 6:30 pm
Summit Hill Schools .....	Hours: 7:15 am - 6:00 pm
Mokena Elementary .....	Hours: 7:00 am - 6:00 pm
Kirby Schools .....	Hours: 6:30 am - 6:30 pm
Community Consolidated School District .....	Hours: 6:30 am - 6:30 pm
Midlothian Schools <b>(35% OFF)</b> .....	Hours: 6:30 am - 6:30 pm
Chicago Heights Schools <b>(45% OFF)</b> .....	Hours: 6:30 am - 6:30 pm
Lansing School District <b>(25% OFF)</b> .....	Hours: 6:30 am - 6:00 pm

	AM Only	PM Only	AM & PM
5 Days	\$64.00	\$65.00	\$99.00
4 Days	\$54.00	\$55.00	\$84.00
3 Days	\$42.00	\$43.00	\$65.00
2 Days	\$29.00	\$31.00	\$47.00
1 Day	\$16.00	\$16.00	\$24.00
Drop-Off	\$21.00	\$21.00	\$29.00
1/2 Day Up-Charge	\$9.00	Child must bring sack lunch	

### Mokena Rec Center - Hours: 6:00 am to 6:30 pm

	AM Only	PM Only	AM & PM
5 Days	\$65.00	\$74.00	\$116.00
4 Days	\$55.00	\$62.00	\$95.00
3 Days	\$43.00	\$51.00	\$75.00
2 Days	\$31.00	\$37.00	\$54.00
1 Day	\$17.00	\$19.00	\$28.00
Drop-Off	\$22.00	\$25.00	\$33.00
1/2 Day Up-Charge	\$11.00	Lunch is provided	
Day-Off Program	\$38.00	Lunch is provided	
Field Trips	\$9.00		



# 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



A service of



procare  
SOFTWARE®