

# Ela Township Homework Club

**2021-2022**

**ISAAC FOX & SPENCER LOOMIS STUDENTS  
TRANSPORTATION INCLUDED**



Serving the people since 1850



# Ela Township Youth Department Homework Club 2021-2022

## Who?

Children entering grades Kindergarten-5th grade during the 2021-2022 school year attending  
**Isaac Fox and Spencer Loomis Elementary Schools**  
**\*\*\*MUST BE A RESIDENT OF ELA TOWNSHIP\*\*\***

## What?

Homework Club is an after-school program offered to the youth in our township. Children engage in daily activities such as completing homework, playing games, making crafts, and building friendships. The goal of Homework Club is to provide children with a safe and enjoyable environment for them to grow academically and socially. Transportation will be provided by Ela Township buses.

## When?

After school on Mondays through Fridays until 5:30 pm  
only on days when Lake Zurich CUSD 95 is in session

## Where?

Ela Township Community Center  
380 Surryse Road, Lake Zurich, IL 60047

## Cost:

\$80 per month, per child

(\$40 for the month of August)

## Registration and Fee: \$50

Registration fee is due at the time of registration.

One *non-refundable* registration fee per family.

Registration should be dropped off at the Ela Township Community Center  
380 Surryse Road, Lake Zurich, IL 60047

## REGISTRATION FEE MUST ACCOMPANY REGISTRATION TO RESERVE A SPOT

Cash, check, made payable to *Ela Township*, or credit card (2.65% fee added)

*Payment for August-December due on August 2.*

*Payment for January-June due by January 3.*

For more information contact **Joe Cacciatore**, Youth Coordinator,  
call **(847) 438-9160** or email **youth@elatownship.org**



# Ela Township Youth Department

## Homework Club 2021-2022

**PLEASE WRITE LEGIBLY AS THIS INFORMATION IS VITAL FOR YOUR CHILD'S RECORDS**

### Child #1 Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Health Record:

Does this child have any medical concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_

Does this child have any allergies we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Does this child have any social-emotional concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Triggers: \_\_\_\_\_  
\_\_\_\_\_

Coping Strategies: \_\_\_\_\_  
\_\_\_\_\_

### Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?  
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_

**Child #2 Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Health Record:**

Does this child have any medical concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_

Does this child have any allergies we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Does this child have any social-emotional concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Triggers: \_\_\_\_\_  
\_\_\_\_\_

Coping Strategies: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

Please provide us with any additional information that would benefit this child's experience at our program.

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**Photograph Permission:**

Do you give Ela Township permission to publish photographs of this child for promotional purposes?  
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_

**Child #3 Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Health Record:**

Does this child have any medical concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_

Does this child have any allergies we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Does this child have any social-emotional concerns we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

Triggers: \_\_\_\_\_  
\_\_\_\_\_

Coping Strategies: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

Please provide us with any additional information that would benefit this child's experience at our program.

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**Photograph Permission:**

Do you give Ela Township permission to publish photographs of this child for promotional purposes?  
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No \_\_\_\_\_ Yes \_\_\_\_\_

Please indicate the months you are registering your child(ren) for *Homework Club* by putting an 'X' under the appropriate child/month. In the event that we have reached our participant capacity for any given month you wish to register for, you will be placed on a waitlist and notified as soon as space becomes available.

	Child #1	Child #2	Child #3
<b>August</b>			
<b>September</b>			
<b>October</b>			
<b>November</b>			
<b>December</b>			
<b>January</b>			
<b>February</b>			
<b>March</b>			
<b>April</b>			
<b>May &amp; June</b>			

\$80 per month, per child, \$40 for August

\$50 Registration fee due at sign up.

*Payment for August-December due August 2*

*Payment for January-June due by January 3.*

#### **Parent/Guardian Information:**

Primary E-Mail Address: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

#### **Emergency Contact Information (Not Parent/Guardian):**

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

## PICK UP/DROP OFF PROCEDURES

**Pick Up:**

During pick up, authorized adults are required to enter the building to sign out the children.

**Adults authorized to pick up my child (other than Parents/Guardians and Emergency Contacts):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

***\*\*\*Your child will not be released on their own or to any person not specified on this form\*\*\****

***\*\*\*The Ela Township Homework Club Program ends promptly at 5:30 pm\*\*\*  
A \$5.00 fee will be assessed for late pickups. Up to the first 15 minutes is \$5.00 and an additional \$5.00 for every 15 minutes thereafter.***

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## BEHAVIOR POLICY

### Behavior Expectations:

The following behavior expectations are in effect at all Ela Township Youth Department programs. Ela Township Youth staff may develop more expectations as they pertain to individual programs.

- \* Children take responsibility for their actions.
- \* Children respect themselves, other children and staff, and program equipment and environment.
- \* Children participate in program activities to the best of their ability.

### Program Dismissal:

Ela Township has the right to dismiss any child whose behavior, attitude, or action is, in our judgment, contrary to the best interests of our program community. This includes but is not limited to: destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another child's experience or is harmful to the program. Ela Township will not dismiss any child without first consulting with the child's parent.

### Registration Confirmation:

I am registering my child(ren) for the *Ela Township Homework Club program*. I have read, understand, and will comply with the rules stated in this packet. I confirm that the information I have given in this packet is true, complete, and accurate. I understand that it is my responsibility to inform Ela Township Youth Department staff of any changes of information, particularly contact information.

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Name (Please Print)

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Signature

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date