Ela Township Homework Club 2023-2024

STUDENT TRANSPORTATION INCLUDED





Ela Township Youth Department Homework Club 2023-2024

Who?

Children entering grades Kindergarten-5th grade during the 2023-2024 school year attending Isaac Fox, May Whitney, Seth Paine 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 Homework Club will not run on Monday, November 13 (Ela Township will be closed)

Where?

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

Cost:

\$120 per month, per child (\$60 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 June 30*.

Payment for January-June due by December 1.

For more information, call (847) 438-9160 or email youth@elatownship.org



Ela Township Youth Department Homework Club 2023-2024

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 r	nedical concerns we should be awar	e of?		
	allergies we should be aware of?			
•				
Treatment:				
Triggers:				
Please provide us with any	y additional information that would	benefit this child's exp	perience at our progr	ram.
	p permission to publish photographs		otional purposes?	
`	e, bulletin boards, weekly program u	ipdate emails, etc.)		
No Yes				

First Name:	Last Name:	Age:	Birthdate://
Grade: School:			
Health Record:			
Does this child have any	medical concerns we should be aware	e of?	
No Yes			
Does this child have any	allergies we should be aware of?		
•			
Allergic reaction:			
No Yes	social-emotional concerns we should		
Additional Information:			
Please provide us with an	ny additional information that would l	penefit this child's exp	erience at our program.
Photograph Permission:			
	ip permission to publish photographs te, bulletin boards, weekly program u		otional purposes?
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	e of?	
No Yes			
Does this child have any	allergies we should be aware of?		
•			
Allergic reaction:			
No Yes	social-emotional concerns we should		
Additional Information:			
Please provide us with an	ny additional information that would l	penefit this child's exp	erience at our program.
Photograph Permission:			
	ip permission to publish photographs te, bulletin boards, weekly program u		otional purposes?
No Yes			

Child #3 Information:

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
*August			
September			
October			
November			
December			
January			
February			
March			
April			
May & June			

\$120 per month, per child, \$60 for August \$50 Registration fee due at sign up. Payment for August-December due by June 30. Payment for January-June due by December 1.

Parent/Guardian Information:

Primary E-Mail Address:				
Parent/Guardian #1: Relati		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:		
Call Dhana #	Other Phone #1			

PICK UP/DROP OFF PROCEDURES

Pick Up: During pick up, authorized a	adults are required to enter the building to s	sign out the children.
Adults authorized to pick	up my child (other than Parents/Guardia	ans and Emergency Contacts):
Name:	Relationship:	Phone #:
Your child will no	t be released on their own or to any p	person not specified on this form
	ownship Homework Club Program o ssed for late pickups. Up to the first \$1.00 for every 1 minute the	15 minutes is \$5.00 and an additional
Signature		<u></u>

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.

Name (Please Print)	
	//
Signature	