

# Ela Township

## Spring Break Camp

March 27–March 31, 2023



Ela Township Youth Department

847-438-9160

[youth@elatownship.org](mailto:youth@elatownship.org)

[www.elatownship.org/youth](http://www.elatownship.org/youth)

Spring





# Ela Township Youth Department Spring Break Camp 2023

***ALL PARTICIPANTS MUST RESIDE IN ELA TOWNSHIP***

Monday, March 27

Tuesday, March 28

Wednesday, March 29

Thursday, March 30

Friday, March 31

**Times:** 8:30am - 4:30pm

**Drop - Off** 8:30 - 9:00am

**Grades:** K-5<sup>th</sup>

**Location:** Ela Township Community Center

380 Surryse Road, Lake Zurich, IL 60047

847-438-9160

**Cost:** \$50 PER CHILD PER DAY

**NO REFUNDS OR CREDITS**

Daily activities include field trips, group games/activities, arts & crafts, free time (board games, puzzles, etc.) and much more.

**Participants need to bring their own sack lunch and 2 snacks.**

## **Registration:**

48 participants per day maximum

***\*\*\*Limited space available. Registrations will be accepted on a first come, first served basis.***

Registrations may be dropped off at the Ela Community Center.

Payment **MUST ACCOMPANY REGISTRATION** in order to reserve a spot.

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

# Ela Township Youth Department

## SPRING BREAK CAMP 2023

DAY/DATE	FIELD TRIP	ATTENDING
Monday, March 27	Clay Monet	YES / NO
Tuesday, March 28	USGTC	YES / NO
Wednesday, March 29	Morke's Dip N' Chocolate Party	YES / NO
Thursday, March 30	In—House Movie Day The Quest for Tom Sawyer's Gold (PG)	YES / NO
Friday, March 31	Bowlero	YES / NO

*This information is VERY important, please take the time to be thorough and legible.*

**Child's Information:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Information: PRIMARY E-MAIL:** \_\_\_\_\_

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

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Photograph Permission:**

Do you give Ela Township permission to publish photographs of this child(ren) for promotional purposes?

**Health Record:**

**Child 1:**

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.

\_\_\_\_\_

**Child 2:**

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.

\_\_\_\_\_

**Child 3:**

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.

\_\_\_\_\_

# Ela Township Youth Department

## SPRING BREAK CAMP 2023

### List of approved adults to pick up my child:

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

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

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

*\*Unless noted on this form, your child will not be released on their own or to any other person without communication to Ela Township Youth Department.*

### Drop Off & Pick Up:

Participants should be dropped off and picked up **inside** the main entrance of the Ela Township Community Center. Participants must be accompanied by an authorized adult (parent/guardian, baby sitter adult, etc.) to/from the Community Center for drop off/pick up, as we require participants to be signed in/out by their authorized adult. Arrival time is between 9:00 and 9:30; late arrivals are subject to director approval. Drop off at field trips is strictly prohibited.

**\*\*\*The Ela Township Spring Break Camp program ends promptly at 4:30 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 5 minutes thereafter.***

### 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 Spring Break 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

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

# Ela Township

## SPRING BREAK CAMP



# 2023

# Child Behavior Contract

Upon signing this document, both the parent and student agree to the guidelines set forth, and will abide by the discipline actions issued if this contract is not followed.

- I will be respectful of my fellow students and all program staff. This means that I will speak to others in a respectful manner and tone of voice.
- I will not threaten or cause physical harm towards others, including possessing sharp or other dangerous instruments.
- I will respect the personal space of others and keep my body to myself.
- I understand that disrespectful behavior includes, but is not limited to, hitting, punching, kicking, biting, spitting, swearing, lying, and refusing to listen to the Ela staff.
- I will be respectful of the Ela grounds, the Ela buildings, and any other location I may visit while attending the program.
- I will not litter, vandalize, steal, or destroy items that do not belong to me.
- I will not bring any *electronic devices* to play on while participating in this program and realize that if I need to contact a parent or guardian that can be done through an Ela staff member.
- I agree to follow all program rules including those that are not listed on this behavior agreement or rules set forth by Ela staff.

Child Name \_\_\_\_\_ Child Signature \_\_\_\_\_

Child Name \_\_\_\_\_ Child Signature \_\_\_\_\_

Child Name \_\_\_\_\_ Child Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# USGTC SPECIAL EVENTS

## PARENT OR GUARDIAN INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

CHILD/CHILDREN'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Medical History / Conditions We Should Know?

\_\_\_\_\_

\_\_\_\_\_

### Signature required on back AGREEMENT AND RELEASE

In consideration of USGTC, Jubas Inc. furnishing training and instruction for Student, we, the parents of student, hereby agree and do hereby release, remise and forever discharge USGTC, Jubas Inc. its shareholders, employees, agents, officers, directors, attorneys, successors or assignees of and from all, and all manner of actions and causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, agreements, promises, judgments, claims and demands whatsoever in law or in equity, especially arising out of or in connection with the furnishing of gymnastics instruction, services and training and recreational services and training supplied by USGTC, Jubas Inc. regarding Student, which against the said USGTC, Jubas Inc., its shareholders, employees, agents, officers, directors, attorneys, successors or assignees, the undersigned or Student ever or may have, for or by reason of any cause, matter or thing whatsoever.

By the execution of this Agreement and Release, the undersigned hereby acknowledges and understands, since Student will be exercising or doing gymnastics or both at his or her own risk and hold USGTC, Jubas Inc. no responsibility for any injuries or accidents which arise while Student is exercising or performing gymnastics or both at USGTC, Jubas Inc., it is extremely important that Student be in good health and physical condition since previous illnesses or injuries could be complicated by such physical exercise. THE UNDERSIGNED ARE FURTHER ADVISED TO CONSULT THEIR PERSONAL PHYSICIAN TO DETERMINE IF STUDENT SHOULD ENGAGE IN SUCH EXERCISE OR GYMNASTICS OR BOTH AT USGTC PRIOR TO THE COMMENCEMENT OF SUCH EXERCISE OR GYMNASTICS PROGRAM.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\* We give USGTC permission to take pictures and or videos of my child(ren) while practicing to use on their website or other social media. We understand our childs(ren) first name only will be used for privacy purposes. \*

Yes I give permission: \_\_\_\_\_ Date: \_\_\_\_\_

I do NOT give permission: \_\_\_\_\_ Date: \_\_\_\_\_