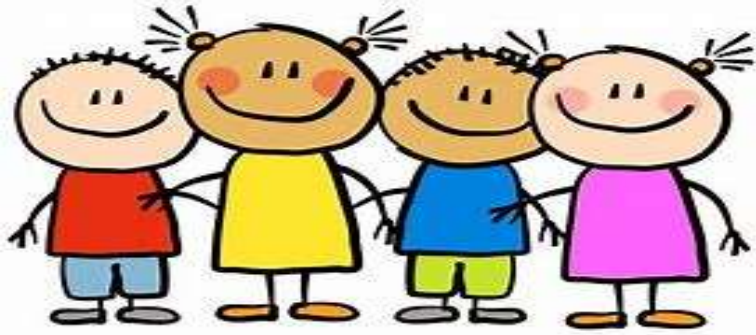


# Before & After School Program



## **Before and After School "Club" 2022-2023**

The Village of Island Lake Recreation Department offers "Before and After School Care" at Cotton Creek Elementary School during the school year. The morning program runs 6:30 a.m. to 9:05 a.m. Monday through Thursday, and 6:30 a.m. to 9:30 a.m. on Fridays. The afternoon program runs from 3:40 p.m. to 6:00 p.m. A light snack is served in the afternoon program.

During club hours your child will participate in a variety of activities including homework time, games, sports, and free time. We strongly encourage group activities.

To register for this program, please visit the RECREATION OFFICE in the Island Lake Village Hall @ 3720 Greenleaf Avenue. A \$40 non-refundable registration fee will be required at the time of registration. Tuition will be discounted when you have more than one child enrolled. After your initial registration, all monthly tuition payments may be brought in when you are dropping off your child, mailed to the Village of Island Lake, dropped off at the Club office (where the drop box is located on the recreation door at the **Village Hall**) or you can pay online via E-Pay. All **cash** payments must be made in person. We are not responsible for cash payments that are dropped off. The following tuition schedule is based on 179 school days divided by nine months. Your tuition amount remains the same each month regardless of days off of school.

During non-attendance school days, we offer a full-day program 7:00 a.m. to 5:30 p.m. at the Village Hall. Field Trips and activities are planned for these days. An additional fee of \$45 will be required for the all day care, this includes field trip costs. You must register in advance for these extra days. Minimum of 10 and max of 30 required to run these. **\*\*If we do not have enough participation numbers there will be no Club offered.**

For more information or to register for Club please call the office at 847-416-7866 or e-mail [ashley.piltz@voislk.com](mailto:ashley.piltz@voislk.com)

**Monthly Tuition: K-5**  
**1<sup>ST</sup> Child/2<sup>ND</sup> Child**  
AM     \$151/\$141  
PM     \$147/\$137  
BOTH   \$255/\$245

Village of Island Lake  
Recreation Department  
3720 Greenleaf Avenue  
847-416-7866/Fax: 847-526-1534  
Web:  
[villageofislandlake@voislk.com](mailto:villageofislandlake@voislk.com)

# Discover Days Off School Program

On a quest to keep your children occupied on scheduled days off of school? Look no further! This program is for children K-5<sup>th</sup> regardless if you are registered for our club program. We will have exciting activities that will peak all of their interests. This includes, field trips, indoor events, special guests, gym time, craft activities, and an afternoon snack. Registration is on a first come-first served basis. When the maximum is met, we will accept a waiting list. \*\* For trips requiring tickets we may not be able to accommodate you once we hit our maximum. Be sure to wear comfortable clothing, closed toe shoes, and bring a sack lunch.

More information regarding lunch and field trips to come

Any questions please contact Miss Ashley @ [ashley.piltz@voislk.com](mailto:ashley.piltz@voislk.com)

Daily Fee of \$45 which includes field trips/activities

**We will be offering the program on the following dates:**

**October 20, 2022 (Parent Conferences)**

**October 21, 2022 (No School)**

**November 24, 2022 (No School)**

**November 25, 2022 (No School)**

**February 16, 2023 (Parent Conferences)**

**February 17, 2023 (Institute Day)**

**February 20, 2023 (President Day)**

**April 7, 2023 (No School)**

**April 10, 2023 (No School)**

# 2022-2023 "Club" Information & Agreement Form

AM \_\_\_ PM \_\_\_ BOTH \_\_\_ DROP IN \_\_\_

Name of Student: \_\_\_\_\_ Grade: 2022-2023 \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work# \_\_\_\_\_

Are there custody restrictions? **Y / N** Is there an "Order of Protection?" **Y / N** If yes please attach a copy of the court order.

**The following information will be kept confidential. Only staff working with your child will have access to this information:**

Has your child been exposed to a communicable disease? **Y / N**

Has your child been exposed to AIDS or Hepatitis Type B? **Y / N**

Are there any health issues we need to be aware of including COVID? **Y / N** Please attach explanation if Y.

Are there any known Allergies? Insect Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

Does your child have any special needs? **Y / N** \_\_\_\_\_

Does your child have any special dietary needs? **Y / N** If yes please attach explanation.

Does your child currently taking medication? **Y / N** If yes please attach reason.

List up to 3 people who are authorized to pick up your child. Mom and Dad are assumed authorized unless otherwise noted. **Code Word** \_\_\_\_\_

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

**LIABILITY WAIVER** Please read this form carefully and be aware that registering your minor child/ward for participation in the Village of Island Lake Before and After School program. You will be waiving and releasing all claims for injuries your child/ward may sustain arising out of the activities of this program." I recognize and acknowledge that there are certain risks of physical injury to participants in programs and agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward should sustain as a result of participating in any activities connected or associated with any such program. I agree to waive and relinquish all claims my child/ward may have as a result of participating in the program against the Village of Island Lake, and its officers, agents, servants, and employees. I do hereby fully release and discharge the Village of Island Lake and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the programs. This program is exempt from Illinois DCFS licensing and regulations. All employees, although have had background checks through the State of Illinois and follow the DCFS guidelines. No firearms are allowed in or on the Village of Island Lake grounds or buildings.

X

Parents/Legal Guardian Signature

Date

Dear Parents,

Please take a few minutes and go over these CLUB RULES. Club participants are expected to always exhibit appropriate behavior. As with any large group of children, rules must be enforced by the Village of Island Lake Club staff. We ask that you, as parents, go over this information with your child so they are aware of the consequences of unacceptable behavior. This is a list of some common unacceptable behaviors that will not be tolerated.

- ❖ Leaving a group without permission
- ❖ Abuse of School/Club equipment or environment
- ❖ Hitting, biting, or any method of physical harm
- ❖ Profanity
- ❖ Teasing
- ❖ Stealing
- ❖ Overly disruptive behavior
- ❖ Inappropriate playground behavior
- ❖ Bullying in any form

We have developed a very simple approach to behavior management and discipline. Staff will be firm and consistent and establish simple, understandable rules.

- ❖ We do not hurt ourselves
- ❖ We do not hurt others
- ❖ We do not hurt the things around us
- ❖ We always go to a staff member if there is a problem

Children will be encouraged to resolve conflicts with staff or other children by talking and no physical methods. If a child has difficulty with his/her behavior on a recurring basis, parents will be asked to meet with the Club staff and or the Village Recreation Coordinator. If the child continues to act inappropriately, is disruptive, or dangerous, the child may be removed from the program. If we find a child has physically harmed another child. **The aggressor will be immediately removed and only allowed back to Club pending approval.**

The Village of Island Lake reserves the right to immediately suspend or expel any child whose actions are seen as detrimental to the program. Each situation will be evaluated. Staff may develop additional rules as necessary.

I have read and understand the above rules for the “Before and After School Club” program.

Parents/Legal Guardian Signature

Date

Child's Name

Date

## Homework Sign Up

My child \_\_\_\_\_ is to stay in after PM snack to do her/his homework. Please remember that we are only available to guide the students in their homework. We are not there to force them to do their homework. We will not go into a child's backpack to make sure they do or do not have homework. Since there are so many students with homework, we will not have time to sit individually with a student. Any student caught copying homework will be brought to their teacher for disciplinary action. Staff members will not be responsible for any homework that the child refuses to work on during homework time.

My child \_\_\_\_\_ is to go over their spelling words every Friday with an AM staff member. Also, if needed special homework will be completed before gym/free time. I will notify a staff member if my child has a special homework assignment.

**Signature of Parent or Guardian**

**Date**

## Field Trip Release

I hereby give my permission for my child/children

**Child/Children Name**

To attend scheduled Field Trips while attending the 2022-2023 Village of Island Lake, "Before and After School Club Program." I hereby waive and release the Village of Island Lake, its employees and agents from any and all claims of liabilities arising from or in any way related to my child/children attending said field trips.

**Signature of Parent or Guardian**

**Date**

## Photo Release Permission

During the school year, there will be times when your child/children will be photographed. These photos may be used for decorating our bulletin board at Club or the Village Hall, publicity purposes, and or appear in local newspapers or our Recreation Guide. We are requesting your permission to use these photographs for any of the above situations.

Please check the appropriate line:

\_\_\_\_\_ I understand that my child/children may appear in photos for the above listed situations and give permission for this.

\_\_\_\_\_ I do not give permission for my child/children to be PHOTOGRAPHED.

**Child/Children Name**

**Date**

# VILLAGE OF ISLAND LAKE PARKS & RECREATION MEDICATION PERMISSION FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_

Reason of Medication \_\_\_\_\_  
\_\_\_\_\_

How is the medication taken (Please circle all that apply):

Whole  
With Water

*Chewed*  
without Water

Mixed with Food  
after Eating

Restrictions or important *side effects* (adverse reactions) \_\_\_\_\_  
\_\_\_\_\_

Any other instructions: \_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to receive the above medication at any Village of Island Lake Parks and Recreation Department Program. *I understand it is my responsibility to give the medication directly to the program staff in the original dosage container clearly labeled with the following information: PHARMACY'S NAME, DOCTOR'S NAME, PATIENT'S NAME, TYPE OF MEDICATION, STRENGTH, and DOSAGE INSTRUCTIONS.*

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Village of Island Lake to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services *rendered*.

In consideration of the Village of Island Lake administering medication to my minor child, I do hereby fully and forever release and discharge the Village of Island Lake and its officers, agents, servants and employees from any and all claims I may have as a result of the Village of Island Lake assisting in the administering of medication to my minor child.

Parent/Guardian Signature

Date

**2022-2023 CHANGE FORM  
CHANGES REGARDING A CLUB MEMBER**

Name \_\_\_\_\_ Grade \_\_\_\_\_

**NEW AUTHORIZATION PICK-UP PERSON:** \_\_\_\_\_

I understand that I will inform the above person to bring a photo ID and must know the CODE word with them at the time of pickup.

Change Effects: AM / PM /BOTH

New \_\_\_\_\_

Drop \_\_\_\_\_

**Other changes to be made:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Requested By: \_\_\_\_\_ Info. Taken By: \_\_\_\_\_

Parent's Name

Staff Member