



H.E.L.P! After School Club (Healthy Exercise Learning Program)

Student Application

2010-2011 School Year

- Please complete a **separate application form for each child** that you wish to enroll in the H.E.L.P (Healthy Education Learning Program) After School Club.
- Financial help is available. Families requesting funding must submit application, **as well as 2009 tax information.**
- By signing this form, you accept the H.E.L.P After School Club Policies.

Student Information

Name: _____
(Last) (First)

Address: _____
(Street) (City/State) (Zip)

Date of Birth: _____ Age: _____

Gender: ___ Male ___ Female Grade for '10/'11 School Year: _____

Parent/Guardian Information

Please add ALL parents and guardians for those will be the only adults allowed to pick up your child from the program unless other arrangements are made. This information is not transferred to other departments.

Primary Contact

Name: _____
(Last) (First)

Address: _____
(Street) (City/State) (Zip)

Relationship to Child: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (____) _____

E-mail: _____

Secondary Contact

Name: _____
(Last) *(First)*

Address: _____
(Street) *(City/State)* *(Zip)*

Relationship to Child: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Additional Names for Pick-Up

Name: _____
(Last) *(First)*

Home Phone: (____) _____ Work Phone: (____) _____

Relationship to Child: _____

Name: _____
(Last) *(First)*

Home Phone: (____) _____ Work Phone: (____) _____

Relationship to Child: _____

Name: _____
(Last) *(First)*

Home Phone: (____) _____ Work Phone: (____) _____

Relationship to Child: _____

Parent/Guardian Signature

Signature: _____ **Date:** _____

2010-2011 After School Program Description

Pearce Community Center's H.E.L.P (Healthy Exercise Learning Program) After School Club is held at 610 W. Cedar Street, Chillicothe and is available to students in Kindergarten through Grades 6 on a user-fee basis. The program will be housed primarily in the camp room with the gym, computer lab, Exergame room, swimming pool and banquet room being used for activities. All participants are eligible to participate Monday-Friday from 3:00-6:00 PM.

PCC After School Program offers activities including physical education, nutrition class sponsored by University of Illinois Extension Program, homework time, organized games, Exergame Room, snack time and free play. PCC After School Program will also offer swimming lessons for a separate fee. Pearce Community Center does not discriminate on the basis of race, religion, cultural heritage, national origin, political beliefs, or marital status.

Carie McIntyre is the Camp Coordinator and Mallory Audo is the Program Manager. On site each day will be Carie, appropriate program teaching staff, and camp counselors based on enrollment.

Philosophy

Pearce Community Center's After School Program is an interactive program designed to provide children with a fun, supportive environment where they have an opportunity to enjoy activities, make choices, and develop responsibilities. Your child will be treated with consideration and respect and, in turn, will be encouraged to treat peers and adults in the same manner.

Policies

Attendance: In the event your child will not attend the program as scheduled, **parents must notify Carie McIntyre at Pearce Community Center, 274-4209 ext. 120** so the safety of your child is always assured.

Counselor to child ratio: There is a 7:1 ratio of camp counselor to children.

Release of children: Children will arrive to and leave from the program according to the schedule written by parents on the registration form. Children will be allowed to leave with persons other than the parent only if written permission has been given to the coordinator on the enrollment form. Permission must include the name of the person to whom the child is to be released. All persons releasing a child that are not known to the staff will be required to show a driver's license. All participants will be released from the camp room where the parent or person releasing the student will be required to sign the student out.

Forms: Registration forms, Medical Release forms, and Authorized Pick-Up Signature Forms must be completed and returned before your child enters PCC After School Program. Their forms must be updated if there are any changes (i.e., telephone number, employment, emergency contact, etc. in writing).

Behavior/Discipline Policy: Our policy is to encourage positive behavior through reasonable rules and guidelines that are presented to the children. Participants are entitled to a pleasant environment in our program. Parents should review proper conduct with their child at home. In the event that a child's behavior fails to follow the guidelines of respect and/or safety within the program or activity, his/her parent will be consulted on the appropriate action to be taken. We reserve the right to dismiss any student from participation in the program if these guidelines are not met. There will be no refunds given if child is removed due to behavioral problems.

Family Changes: We ask to be kept informed of any changes or special situations at home. Since camp children have long days, it is important for our staff to be aware of all changes. Communication is essential in providing for your child's needs. All shared information is kept strictly confidential.

Schedule Changes: Please inform the camp coordinator of any changes in your schedule that may affect your child's schedule.

Medical Emergency: In the event a child is injured or becomes ill while participating in the program the coordinator will attempt to notify the child's parents/guardians or the emergency reference given in the application. However, if none of the foregoing can be reached or if in the judgment of the Summer Camp Coordinator immediate medical attention is necessary, the Summer Camp Coordinator is hereby authorized to obtain medical assistance as it may deem necessary or proper. Additionally, staff members are Red Cross certified in CPR and basic first-aid.

Issues: If you have any issues pertaining to the Summer Camp Program, you may contact Carie McIntyre at 274-4209 ext. 120. You may also reach Mallory Audo at 274-4209 ext. 109.

Confidentiality Information: All information of a confidential nature concerning a child enrolled in the After School Program will be treated as such.

Updated Information: The After School Program must be promptly notified of any new significant physical conditions, personal problems or changes in the information contained in the registration form that arise during the term of the child's enrollment in the program.

Clothing: We try to go outside everyday, weather permitting. Make sure your child has appropriate clothing. Please be sure to mark their names in all clothing.

Gym shoes must be worn everyday. Participants are required to bring and store a swim suit and towel during the week. The swim suit and towel will go home with the participant on Friday's to be laundered and returned with the camper on Monday.

Financial Help. The Chillicothe Park District in conjunction with Pearce Community Center will be able to help a limited number of families that qualify for the IVC District #321 reduce lunch program through the PowerPlay! Grant. For more information on how to apply for financial help, please contact Mallory Audo at 274-4209 ext. 109.

Pearce Community Center After School Program Telephone Numbers: The direct line to the Camp Room is 309-274-4209 ext. 120. PCC's Front Desk phone number is 309-274-4209 and they will be able to direct you to the right person.

2010-2010 After School Program Registration/Permission Form

Participant's Name: _____

Address (City, State, Zip): _____

Birth Date: _____ Age: _____ Sex: _____

Participant Is (Check One)
Member _____ Non-Member _____ Foundation _____

Parent/Guardian Name: _____

Address: _____ E-Mail: _____

Phone Number: _____ (Home) _____ (Work)

In case of emergency, the name of a third party we can contact:
Name: _____
Address: _____
Phone Number: _____
Relationship to participant: _____

Is there any other information that we should know about the participant which would enable us to better serve them (physical/medical conditions, medications, allergies, etc.?)

Pick Up/Drop Off Authorization

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Approximate Drop Off Time: _____ **Approximate Pick Up Time:** _____

General Release Form

The undersigned Participant and/or his/her guardian, in consideration for the Pearce Community Center providing facilities, instruction and/or supervision in all areas: swimming, gym, fitness, aerobics, track, field trips and any and all activities, does hereby:

1. ASSUME ALL RISK OF POSSIBLE DAMAGE OR INJURY INVOLVED THROUGH PARTICIPATION IN THE ABOVE NOTED ACTIVITY.
2. REQUEST PERMISSION TO PARTICIPATE IN THE ACTIVITY WITH FULL KNOWLEDGE THAT SAID ACTIVITY COULD RESULT IN DAMAGE OR INJURY TO MY DEPENDENT.
3. GIVE PERMISSION TO LEAVE PEARCE COMMUNITY CENTER GROUNDS FOR ANY FIELD TRIPS.
4. AGREE TO INDEMNIFY AND HOLD HARMLESS THE PEARCE COMMUNITY CENTER AND ALL EMPLOYEES AND/OR VOLUNTEERS.

Parent/Guardian Signature _____ Date _____