



DeKalb Community School District 428 will offer after school care for the 2011-2012 school year for children who are in kindergarten through fifth grade. The sites for the after school program are located at Brooks, Cortland and Littlejohn elementary schools.

- The program will begin September 7th, 2011.
- Times are from school dismissal-5:30pm on full school days.
- The after school program will offer homework assistance, academically based activities, a healthy snack and structured playtime.
- Each day the Kishwaukee Family YMCA will provide health and wellness programs from 4:30-5:30 pm on site at the school.
- Fees are determined by each school. They include YMCA activity and a snack.
- Financial Assistance maybe available, contact Community Coordinated Child Care (4C) at 758-8149 for information.

Cortland & Littlejohn: Please return registration forms to CUSD 428 office: 901 S. 4th St. in De Kalb, or give the forms directly to the office at your child's school. If you have questions please contact the school office or you can reach the district office at (815) 754-2350.

Brooks: Please return registration forms and payment to Kishwaukee Family YMCA, 2500 W. Bethany Rd., Sycamore, IL, 60178.

Brooks Elementary School

3225 Sangamon Road, DeKalb, IL 60115 (815) 754-1345

Afterschool coordinator: David Stouffer,

email: dstouffer@kishymca.org Phone: 815.756.9577, x40

Or KimJass-Ramirez, email: kjass@kishymca.org

Cortland Elementary School

370 E. Lexington Avenue, Cortland IL, (815) 754-2360,

Kimberly Lyle, Principal, email: kimberly.lyle@dist428.org

Littlejohn Elementary School

1121 School St., DeKalb IL, (815) 754-2258, fax (815) 758-1065

Jermaine Redmond, Principal

**Y.M.C.A./DEKALB SD 428 Afterschool Program
2011-2012 Application**

BROOKS APPLICATIONS ONLY

If you are applying for Littlejohn or Cortland, please contact your school office.

1. **Child's Name** _____

Grade enrolled in August 2011: _____ Birthday _____ Age _____

Female____ Male____ Student lives with whom _____

2. **Child's Name** _____

Grade enrolled in August 2011: _____ Birthday _____ Age _____

Female____ Male____ Student lives with whom _____

3. **Child's Name** _____

Grade enrolled in August 2011: _____ Birthday _____ Age _____

Female____ Male____ Student lives with whom _____

Language Spoken at Home _____

Parent/Guardian (1)

Name _____ Relationship _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Name _____ Work Phone _____

Parent/Guardian (2) (if different than above)

Name _____ Relationship _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Name _____ Work Phone _____

Do(es) your child(ren) have developmental disability? (Name of child and explanation):

Would you describe your child(ren)'s personality so we may serve him/her better?

So that your child(ren) may spend his/her time in the program the way you prefer, please rank the following 1-3 in order of priority to you, with 1 being the highest.

___ HOMEWORK ___ YMCA activities (sports, fitness, etc.) ___ SOCIAL TIME

EMERGENCY INFORMATION

If we are unable to contact Parent/Guardian, who should we call **and to whom may we release your child?**

1. _____ Phone (____) _____

2. _____ Phone (____) _____

3. _____ Phone (____) _____

Is there other information we should know or that you would like to provide us?

NOTE: Pick-up from the Brooks afterschool program is at Door 9 on the west side of the building.

AGREEMENT AND RELEASE OF LIABILITY STATEMENTS

I/We certify to the best of my/our knowledge that everything on this form is correct and that the child(ren) listed herein is (are) in good health and without any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified in the Child Health/Special Information form. He/She has my/our permission to participate in the Kishwaukee Family YMCA activities. I understand that failure to disclose relevant information could result in termination of services.

Parent/Guardian's Signature: _____

Date: _____

Medical Consent

I, the parent/legal guardian of _____ give consent to have my child(ren) receive first aid by after school staff/YMCA staff. I understand that there will be a First Aid/CPR certified staff member available during the program hours. I authorize after school staff to secure emergency treatment for my child(ren). I give consent for those listed as pick-up/emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child(ren).

After school staff and its agents have my permission to apply sunscreen and insect repellent (if applicable) to my child(ren) as specified by me in writing.

Parent/Guardian's Signature: _____

Date: _____

Additional Consent:

I authorize after school staff and agents to take my child(ren) on walking trips, and field trips. I also give permission for my child(ren) to be transported in vehicles owned or leased by District 428.

I give permission for my child(ren) to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child(ren) attend(s).

I have read all information regarding the afterschool program and agree to abide by the policies and regulations therein.

Parent/Guardian's Signature: _____

Date: _____



**Monthly Attendance/Registration Form – Brooks Elementary – 2011-2012
Kishwaukee Family YMCA**

Registration and Payment:

- Daily fees may be broken into 2 monthly payments for your convenience
- Fees per day are \$11 per child
- All payments are due on the 1st and 15th of the month preceding the time in which service is provided (e.g. payment for the 1st-15th of Sept is due Sept 1st)
- Kishwaukee Family YMCA accepts payments by cash, personal check, cashier's check, and 4-C supported payments.

Tuition Penalties/Withdrawal

- Y/DAP will not refund tuition based upon absences due to illness or vacation
- Y/DAP will not refund or credit due to expulsion or suspension from a program
- Y/DAP has the right to suspend or terminate services due to non-payment

Please indicate below the days your child(ren) plan to attend the program.

If you wish to make changes or additions to this calendar, please contact the YMCA: David Stouffer, 815.756.9577, x40 or dstouffer@kishymca.org

September 2011 *Please mark with an X*

Mon	Tue	Wed	Thu	Fri
9/5 no school	9/6 early release – no afterschool	9/7	9/8	9/9
9/12	9/13	9/14	9/15	9/16
9/19	9/20	9/21	9/22	9/23
9/26	9/27	9/28	9/29	9/30

Child name(s) _____

Total Days: _____ x \$11.00 per day (you may pay for ½ of the month if preferred)

Total Registraion Fee: \$ _____ **Check payable to Kishwaukee YMCA**

Fill out this portion if paying by credit card:

Name as it appears on card: _____

Credit Card Number: _____ Type of Card: _____

Expiration: _____ V Code/Security Code (on back of card): _____

Signature: _____