



Child's First & Last Name: _____

HPNC LEARNING HUB 2020 - REQUIRED DOCUMENTS

All documents must be received prior to program for your child(ren) to participate in the Learning Hub.

- DHS Certificate of Child Health Examination*
- Copy of Birth Certificate*
- DHS Letter of Approval (Illinois Action for Children families only)*

**If document is currently on file with HPNC, please do not re-submit.*

ADDITIONAL REQUIRED DOCUMENTS (IN THIS PACKET):

- Health & Medical Information
- Parent/Guardian Emergency Medical Care Consent
- HPNC COVID-19 Release and Waiver of Claims Policy Acknowledgement
- Consent Forms
- Indemnity Release
- Guidance and Discipline Policy
- Verification of Receipt of Handbook
- Acknowledgement of HPNC Refund Policy and Payment Terms-Fall 2020
- DCFS Licensing Standards Verification of Receipt
- Family Demographic Survey

ATTACHMENTS: *Parent/Guardian Handbook, DCFS Licensing Standards, Refund Policy, Reopening Protocols*



Child's First & Last Name: _____

HEALTH & MEDICAL INFORMATION

HPNC requires parents/guardians to notify us if your child contracts a highly contagious illness. We will notify other parents of the illness, but will maintain the anonymity and confidentiality of your child. If a child becomes ill at HPNC, we will notify parents immediately. If we are not able to reach the primary caregiver, we will call one or more of the emergency contacts. We ask that you make arrangements to pick up your child as soon as possible.

Child's primary doctor: _____

Primary doctor's phone #: _____

Child's health insurance provider: _____

Subscriber name: _____

Health Insurance ID#: _____

Allergies, medications, special medical conditions, medical information or instructions for emergency situations of which we should be aware:

PARENT/GUARDIAN EMERGENCY MEDICAL CARE CONSENT

As a parent/legal guardian, I give consent for my child to receive first aid by HPNC staff and, if necessary, transported to receive emergency medical care. I give consent for the HPNC staff to act for me in the event that my child needs emergency medical care. I understand I will be responsible for all medical emergency charges.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____



Child's First & Last Name: _____

**HYDE PARK NEIGHBORHOOD CLUB
COVID-19 RELEASE AND WAIVER OF CLAIMS AND POLICY ACKNOWLEDGEMENT
("Release")**

Waiver of Liability: The undersigned, in my capacity as parent or legal guardian of

Child(ren)'s Name(s)

hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is the care of the Hyde Park Neighborhood Club (HPNC) Emergency Childcare Program ("Program").

As such, and in consideration for child care services to be provided by HPNC, the undersigned, for myself and my minor children enrolled in the Program, fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING HPNC AND ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING HPNC AND ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM THE CLAIMS.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ **Date:** _____



Child's First & Last Name: _____

CONSENTS

Photo Release: I give permission to the Hyde Park Neighborhood Club to take photographs and/or videos of my child during the regular course of program activities. I give my consent for these pictures and/or film to be used by HPNC and for HPNC's print materials, website, and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).

Parent/Guardian Signature: _____ Date: _____

Participation Permission: I give my permission for my child(ren) to participate in the HPNC 2020 Learning Hub and all program activities, both indoors and outdoors, including those held in the HPNC gym, HPNC playground and garden.

Parent/Guardian Signature: _____ Date: _____

INDEMNITY RELEASE

Waiver of Liability: I agree that participation in HPNC's Learning Hub is without assumption or responsibility of any kind by HPNC, In consideration of the acceptance of this registration, I do hereby release and forever discharge the HPNC, their officers, directors, employees, agents, and assigns, of and from any and all injuries, damages, claims, and demands, of any kind which may be suffered or sustained in connection with the above activities. All claims of any kind or nature whatsoever are hereby waived, and I covenant not to sue. For good and valuable consideration, the Participant releases HPNC, their officers, directors, employees, and agents, and assigns permission to license and use all images and sound recordings in any media and for any purpose. The Participant agrees that, if my permission was granted, HPNC has all rights to images and sound recordings for perpetuity. This Contract shall be construed under the laws of the State of Illinois. If any provision of the Contract is found unenforceable, the remaining provisions shall continue in full force and effect. This Contract may only be modified in writing with approval of an authorized representative of HPNC. Otherwise, this Contract shall serve as the full understanding of parties.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Child's First & Last Name: _____

GUIDANCE & DISCIPLINE POLICY

Philosophy

We believe in guidance and discipline, rather than punishment. Guidance and discipline are positive ways to help a child develop self-control and confidence in handling their needs in a socially acceptable way. This is an on-going process, not a single act. We are here to teach each child skills to manage their own behavior.

Guidance & Discipline Techniques Used HPNC Staff

- Offer a stimulating, organized, well equipped, and well-designed classroom to avoid problems.
- Set rules with the children at the beginning of camp, set clear limits and be consistent.
- Redirect children whenever possible; include the children in the problem-solving process.
- Model socially acceptable behavior and manners along with positive reinforcement and acknowledgement of good behavior.
- If a child hurts another child, the teacher will attend to the injured child immediately. The child that did the injuring will stay with the injured child and the staff member looking after the injured child, until the injured child is ready to return to the classroom activities.

If the teachers see a continuing pattern of misbehavior, the following steps will be initiated:

- Phone call from the teacher/counselor informing the parents of the concerning behavior observed.
- Implementation of corrective behavior plan.
- Conference with parents, teachers/counselors, and director to discuss goals, implementation of goals, and measuring progress.
- Follow-up meetings (face to face or phone) to discuss progress.

Prohibited Guidance and Discipline Techniques

- Any form of corporal punishment, ridiculing a child or the child's family, blaming, teasing, insulting, name-calling, or threatening the child with punishment.
- Withholding food, affection, or positive attention.



Child's First & Last Name: _____

Parent's Role in the Guidance Process

- Share any relevant information with the teachers to help understand any underlying issues. Be open when the teacher gives notification of a concern or if a continuing pattern of misbehavior is observed.
- Follow through on any recommendations made by the staff.
- Work as a team with the staff so everyone can be consistent in expectations and help the child understand what behavior is acceptable and not acceptable.

Discharge

After attempts have been made to meet the individual needs of the child, any child that has demonstrated an inability to benefit from the type of care offered by the Hyde Park Neighborhood Club or whose needs exceed the capacity of HPNC staff, or whose presence is detrimental to the group or endangers the group, shall be discharged from the program.

I have read and agree to the discipline policy set forth by the Hyde Park Neighborhood Club

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ **Date:** _____

HPNC Staff Name (PRINT): _____

HPNC Staff Signature: _____ **Date:** _____



Child's First & Last Name: _____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT/GUARDIAN HANDBOOK

I/we, _____, acknowledge receipt of the HPNC Parent/Guardian Handbook and understand that I/we am/are responsible for reading and understanding the information in this booklet.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF HPNC REFUND POLICY & PAYMENT TERMS FALL 2020

Due to COVID-19, HPNC is operating under severe financial constraints. With social distancing and sanitation requirements, our programs will operate at one-third of normal capacity, yet the cost of cleaning, sanitation, and supplies has increased. For this reason, we have revised our refund policy to ensure the viability of our school year programs for everyone.

I. REFUND POLICY:

- **All payments are FINAL**- No refund/no credit for any reason, except the special circumstances as defined in this document below.
- All Registration Fees, Enrollment Deposits, and Transaction Fees are **NON-REFUNDABLE**.
- No make-ups or refunds for missed days.

PARTIAL-REFUND FOR SPECIAL CIRCUMSTANCES ONLY

HPNC Temporary Closure: In the event of confirmed COVID-19 diagnosis among students and/or staff, current guidelines indicate that the facility will need to be closed for a period of 2-5 days. If this occurs, families will be refunded the prorated amount *for the closed period only*.

Medical Emergency Cancellation/Withdrawal: In the event of a child's medical condition preventing attendance for *more than 5 days*, written notification of cancellation/withdrawal is required. **A doctor's note indicating attendance restriction MUST accompany written notification.** In this instance, and in this instance only, you may receive a 50% refund for each day of camp missed *after* the initial 5 days. All Registration Fees, Enrollment Deposits, and Transaction Fees are NON-REFUNDABLE.

Child's First & Last Name: _____

II. PAYMENT TERMS:

All payments are final. No refunds will be issued, except in the event of HPNC Temporary Closure and/or documented Medical Emergency Cancellation/Withdrawal as defined above. All Registration Fees, Enrollment Deposits, and Transaction Fees are NON-REFUNDABLE. No make-ups or refunds for missed days will be granted.

ENROLLMENT TYPE	ADDITIONAL PAYMENT TERMS					
Full Session September 8- November 23	<ul style="list-style-type: none"> Guarantees child's spot for 11 weeks. \$25 Registration Fee (non-refundable) due at time of registration. \$250 deposit (non-refundable) due at time of registration. No cancellations. All payments are final. 					
	PROGRAM FEE SCHEDULE					
		Time of Registration	8/31	9/28	10/26	TOTAL
	Full Week Option	\$25 Reg. Fee \$250 Deposit	\$1,150	\$1,150	\$900	\$25 Reg. Fee \$3,450 Prog. Fee
	3-Day Option (W, Th, F)	\$25 Reg. Fee \$250 Deposit	\$680	\$680	\$430	\$25 Reg. Fee \$2040 Prog. Fee
2-Day Option (M, Tu)	\$25 Reg. Fee \$250 Deposit	\$475	\$475	\$225	\$25 Reg. Fee \$1425 Prog. Fee	
Full Session September 8- November 23 Illinois Action for Children	<ul style="list-style-type: none"> Guarantees child's spot for 11 weeks. Supplemental fee (non-refundable) is due upon registration and will be based on the program option the child is enrolled in: <ul style="list-style-type: none"> Full week option: \$75 3-Day Option: \$65 2-Day Option: \$55 \$25/child Registration (non-refundable) Fee is due upon registration. Monthly co-pay is due on the 5th day of each month. 					

**NOTE: This Refund Policy & Payment Terms document was revised on 8/13/2020 in response to COVID-19 and replaces all previous refund policies.*

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Child's First & Last Name: _____

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____
Name(s) of Child(ren)

hereby certify that I/we have

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



PARENT DEMOGRAPHIC SURVEY

Every year the Hyde Park Neighborhood Club pursues a variety of funding sources (including government grants) to maintain financial sustainability. Many grant applications ask for detailed reports on the demographic make-up of our population. For that reason, we are attaching a questionnaire asking for detailed information about your family's social and financial circumstances. Many of the questions may seem awkward or strangely laid out but please bear with us as they are worded in a manner that corresponds to US Census reports.

Confidentiality: Your answers to the attached Demographic Survey will be held strictly confidential. You will not be asked to include your name on the forms and the completed survey will be stored separately from your identified registration materials.

If you have any questions or concerns please feel free to contact Sarah Diwan at 773-643-4062 or sdiwan@hpncclub.org.

1. Today's Date: ___ / ___ / _____

2. How many people currently live in your household? _____

3. Please check the category that best describes your household income in the past 12 months:
(When answering this question please include all sources of income including: wages, salary, self-employment income, rental & investment income, SSI, retirement or disability pensions, interest, dividends, child support, alimony, and any public assistance or welfare payments you may have received).

___ Less than \$10,000

___ \$10,000 to \$14,999

___ \$15,000 to \$24,999

___ \$ 25,000 to \$34,999

___ \$35,000 to \$49,999

___ \$50,000 to \$74,999

___ \$75,000 to \$99,999

___ \$100,000 to \$149,999

___ \$150,000 to \$199,999

___ \$200,000 or more

4. Please check the category that best describes your primary source of household income:

___ Permanent job /independent business owner(s)

___ Temporary job(s)

___ Retirement, disability pension, SSI

___ Public aid, TANF, or other government-sponsored income

___ Child support

___ Other: _____

5. What is your *highest* level of education?
 Less than high school graduate
 High school graduate
 Some college or associates degree
 Bachelor's degree
 Graduate or professional degree
6. (If applicable) What is the *highest* level of education of your child's other parent/guardian?
 Less than high school graduate
 High school graduate
 Some college or associates degree
 Bachelor's degree
 Graduate or professional degree
7. What is your ethnicity / race? (Please check all that apply)
 Hispanic / Latino Origin
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian & other Pacific Islander
 Other: _____
8. (If applicable) What is the ethnicity / race of your child's *other parent/ guardian*? (Please check all that apply)
 Hispanic / Latino Origin
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian & other Pacific Islander
 Other: _____

Child Information:

9. Please include information regarding each child attending HPNC's Student Learning Hub:

<p><u>Child One:</u> Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply) <input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>	<p><u>Child Two:</u> Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Please check <u>all</u> that apply) <input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>
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<p>Child Three: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>	<p>Child Four: Child's current age? ___ grade? ___</p> <p>Child's race/ethnicity? (Check <u>all</u> that apply)</p> <p><input type="checkbox"/> Hispanic / Latino origin <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & other Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Who does this child live with? (Please check all that apply):</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunts/Uncles <input type="checkbox"/> Cousins <input type="checkbox"/> Other: _____</p>
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Program Priorities:

10. What were your primary reasons (please rank mark all that apply) for enrolling your child in an out-of-school-time program at the Hyde Park Neighborhood Club?

- HPNC provides assistance with schoolwork
- Safety (HPNC provides a safe place for my child when not in school)
- To keep my child out of trouble
- I want my child to be exposed to a variety of extracurricular activities.
- Recommendation of a friend/acquaintance
- Price / cost compared to other programs
- Quality of the program
- Hours / convenience with our family schedule
- Social diversity of the other children enrolled
- Other: _____

11. What would your child be doing if not attending the HPNC student Learning Hub?

- Staying at home alone
- Staying at home with parents
- Staying at home with a sitter
- Staying with extended family
- Attending another community-based out-of-school-time program

Safety Concerns:

12. Do you have concerns regarding this child's everyday safety?

- On his/her school grounds? If yes, please specify: _____
- In your home neighborhood? If yes, please specify: _____

- What is your zip code?

HPNC Program that your child(ren) will be joining:

- Learning Hub
- After School Program (ASP)
- Vacation Day
- Athletics – Tumbling
- Athletics – Basketball
- Athletics – Roller Derby
- Enrichment – Play N Learn

THANK YOU!