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GECRC

2026 Summer Program Participant Handbook

Monday - Friday
June 15, 2026 - July 31, 2026
8:30AM - 3:30PM (After Care Available Until 5:30PM)
Arbor View Elementary School
22W430 Ironwood Drive, Glen Ellyn, IL 60137

Summer enrichment programs for D41 & CCSD89 students that supports and inspires personal learning and growth

Scan to begin your registration process.

Glen Ellyn Children's Resource Center
346 Taft Ave, Glen Ellyn, IL 60137
gecrc.com | 630.479.9920

Office Hours: Monday - Friday, 9:00AM - 1:00PM
Program Hours: 8:30AM - 3:30PM
After Program Care Hours: 3:30PM - 5:30PM

GECRC Mission Statement
Glen Ellyn Children's Resource Center (GECRC) offers out-of-school programming that empowers under-resourced K-8 students to meet state and local standards for academic and social-emotional learning; involves students in activities that enrich learning; and connects families to schools and other resources necessary to support student success and well-being. GECRC programs make space where students, their parents, educators, and community members can develop mutually enriching relationships that support and inspire learning and growth.

Board of Directors
GECRC is a 501(c)3 nonprofit organization and is supported through the generosity of businesses, foundations, and friends from around the region. The organization is managed by a Board who provide governance, strategic direction, and oversight, ensuring that GECRC stays true to its mission and values. GECRC thank its current board members, and welcomes introductions to neighbors that might be interested in becoming a part of GECRC's Board of Directors. To explore the pathway for becoming a board member, please contact the Executive Director or Board Chair.

Alan Taylor, President
Jodi Herbold, Vice President
Karen Winter, Treasurer
Becky Gasaway, Secretary
Jennifer Dietzler
Nell Gallagher
Penelope Johnson
Erica Nelson
Evelyn Rodriquez
Madeleine Winter
Lori Gapinski

Leadership Team

Executive Director	Sarah O'Donnell
Associate Program Director	Lizzy Doty
Site Director	Karla Kampen
Office Administrator & Bookkeeper	Reagan Irving
Volunteer & Communications Coordinator	Emily Lobdell
Development Manager	Laura Ulepic

Table of Contents

All information in this handbook is subject to change. For registration information or to schedule an appointment to register your child for program, please contact us at 630.479.9920.

Dear Families:

At the Glen Ellyn Children's Resource Center (GECRC), we believe every child has incredible potential and deserves a caring circle of support to help them discover who they are and what they can achieve. We are honored to partner with your family this summer and to spend these meaningful months alongside your child (ren) as they learn, grow, and thrive.

This summer marks an exciting milestone for GECRC as we expand to offer a *full-day Summer Program* for the first time in our organization's history. This growth reflects our deep commitment to supporting working families and ensuring that children have access to consistent, high-quality care and enrichment throughout the entire day. Because of the generosity of our donors, partners, and community, more students than ever before will experience a full day of
academic support, enrichment, and mentorship in a safe and nurturing environment. Each day includes a balanced blend of:

- Hands-on academic enrichment to strengthen skills and confidence
- Outdoor play and movement
- Social-emotional learning and relationship building

We strive to create a space where every child feels known, valued, and encouraged. Through consistent mentorship and positive peer connections, students build confidence, develop new skills, and form meaningful friendships that extend far beyond the summer months.

GECRC's Summer Program are for children entering into 1st - 8th Grade and are considered licensed-exempt and not regulated by the Department of Children and Family Services (DCFS). GECRC maintains high standards of safety, staffing, training, and program quality. Our team is deeply committed to creating a structured, supportive, and
engaging environment for all students. Following this letter, you will find the GECRC Summer Program Handbook.

We encourage you to review this handbook with your child(ren) so they feel prepared, confident, and excited for the summer ahead.

At GECRC, we know that strong relationships with families are at the heart of every child's success. We are grateful for the trust you place in us and for the opportunity to be part of your child's journey. Together, we can create a summer filled with growth, joy, and lasting impact. If you have any questions at any point, please don't hesitate to reach out to our team. We are so excited for the summer ahead and look forward to all that we will accomplish—together.

Sincerely,
The GECRC Team

Groupings

Throughout the day, participants will work together in smaller groups with their instructors and counselors. Participants are typically split into classrooms by the grade level they will be entering into in fall.

GECRC Employees & Volunteers

GECRC employees are professional people ready to provide your child with an enriching experience. Our employees are all CPR, First Aid, and AED certified in addition to having education and/or experience working in child development. All employees and volunteers over 18 years of age are required to complete comprehensive background checks as part of their employment. Our ratio for program follows the guidelines set forth by the State of Illinois. If you are interested in learning more about becoming a volunteer with us, please visit www.gecrc.com.

Arrival

Participants are to be dropped off between 8:30am and 8:45am and are to be picked up by 3:30pm by a parent/guardian or a designated adult 18 years or older. **Parents/Guardians are to escort their child to the entrance and check-in their child(ren).** Drop off is at door #1. **If a participant will be arriving late or departing early, please email edoty@gecrc.com or call 630.479.9920 ahead of time.**

Dismissal

Participants will be dismissed to their parent/guardian at Door #1. A parent/guardian sign-in/out procedure is in place and must be followed each day. Additional designated adults can be added to your child's authorized pick up list by emailing or completing a form and returning it to the Associate Program Director. Photo IDs will be required until staff become familiar with faces and names. Participants will not be released if this procedure is not followed. **Participants wishing to use the after program care will need to be picked up and signed out by a parent/guardian. There will be no bus transportation for students staying for after care.**

Bus Transportation

If your child(ren) will be taking a bus to program, their scheduled time to be at the bus stop will be provided prior to the start of program. The bus will not wait for participants or return for participants who miss the bus. Bus riders will depart together at the end of the program at 3:30pm. The approximate drop off time will also be provided to parent/guardians prior to the start of program.

Check-in & Check-out

A parent sign-in/out procedure is in place and must be followed each day. Additional designated adults can be added to your child's authorized pick up list by emailing or completing a form at the office. **Photo IDs will be required until staff become familiar with faces and names.** Participants will not be released if this procedure is not followed.

Late Pick Up

If a participant is picked up after 5:30pm, a $1 fee will be charged for every minute late. For families with multiple children, the fee will be assessed for each participant. For any participants not picked up within one hour, every attempt will be made to contact the parent/guardian. If no contact is made, every available phone number on the child's emergency contact list will be called. If no contact is made, the local police will be contacted. Late fees will be sent home in a bill and are due within one-week. If the bill is not paid, a participant may be asked to not return to program until a payment plan is arranged.

What to Wear

Participants will be active throughout the days, and there is an excellent possibility that they will get dirty. Participants should wear clothing that is comfortable and appropriate for the weather. ***Open-toed shoes are not allowed.***

Program T-Shirts

T-shirts will be distributed to participants during Meet the Staff Night on Friday, June 12, 2026. Each participant will receive one (1) t-shirt. Please write the participant's name inside the t-shirt. Additional t-shirts are $10 and can be purchased after the first week of program. ***T-shirts must be worn on field trip days.***

What to Bring

Each day, participants should bring the following items marked with their name:

Backpack	Sunglasses	Bug Spray	Water Bottle
Hat/Visor	Sunscreen	Change of Clothes	Medication (if applicable)

Unless otherwise arranged, please do not bring toys or electronic devices.
Absolutely no weapons or knives are permitted.

Firearms Policy

Pursuant to the State of Illinois, a "no firearms allowed" sign is posted at each entrance door of the facility. Firearms are prohibited at the facility.

Snacks, Meals & Water

Participants will receive a nutritious breakfast, lunch, and afternoon snack each day at program. If your child would prefer to bring their own meals and snacks, please notify us ahead of time so that we do not order a meal for them. We're not able to accept food deliveries for participants (Doordash, Instacart, etc.). Please do not send your child with sodas, sugary beverages, candies, gum, large bags of chips, and fried foods.
Participants must bring a water bottle with them each day.

Curriculum & Field Trips

GECRC offers daily activities that provide enriching opportunities for personal growth and learning. Curriculum areas include reading, math, science, technology, engineering, and arts. In addition, there will be fun, hands-on summer activities during the afternoon hours. ***On Fridays, participants will go on a field trip. Please be sure your child is wearing their GECRC t-shirt on Fridays.***

Curriculum & Field Trips Cont.

GECRC offers daily activities that provide enriching opportunities for personal growth and learning. Curriculum areas include reading, math, science, technology, engineering, and arts. In addition, there will be fun, hands-on summer activities during the afternoon hours. ***On Fridays, participants will go on a field trip. Please be sure your child is wearing their GECRC t-shirt on Fridays.***

Week	Field Trips
Week 1 6/15-18*	On-Site Water Fun Day (6/18)
Week 2 6/22-6/26	Cantigny (6/26)
Week 3 6/29-7/2*	On-Site Fun Fair (7/2)
Week 4 7/6-7/10	Fox Bowl (7/10)
Week 5 7/13-7/17	The Morton Arboretum (7/17)
Week 6 7/20-7/24	Turtle Splash Water Park (7/24)
Week 7 7/27-7/31	SafariLand (7/31)

Sample Daily Schedules

These schedules are a sample of what a summer program day looks like and are subject to change based up-on the daily program needs. A detailed calendar is included towards the back of this handbook. In the event of inclement/extreme weather, we will stay indoors and participate in activities and/or watch a movie.

GECRC Summer Program Sample Schedule	
8:30AM	Arrival & Breakfast
9:00AM	Classroom Activities & Project Basked Learning
11:00AM	Essential Skills & Reading
12:00PM	Lunch & Recess
1:00PM	Sports/STEAM Activities
2:00PM	Group Activities
3:00PM	Snack
3:30PM	Dismissal to Busses/Parents/After Care

Program & Bus Behavior Expectations

All GECRC participants parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in vehicles.
- While riding in vehicles, riders are to remain seated forward with their seatbelt on, and are to keep the aisle clear.

Program & Bus Behavior Expectations Cont.
Participants will be required to sign a Code of Conduct (included in this packet) in order to participate at GECRC programming. Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming. Parents will be notified by staff during pick up time of any concerns that may have come up during the day.

Sunscreen Application
Sun safety is exercised and endorsed at GECRC. Participants are encouraged to bring with them spray sunscreen labeled with their name on the bottle. Throughout the day, participants will be reminded to reapply their sunscreen. Parents/Guardians will need to complete a question regarding sunscreen and bug spray as part of the enrollment process.

Medication Administration
If a participant has prescribed medication that needs to be administered during a program, a Medication Authorization Form is to be completed. All medications must be in the original packaging and include the name of the participant and the prescribing doctor's name. For everyone's safety, medication will be stored in the Administration Office and will be returned to the participant's parents at the end of each day.

Participants who have asthma or anaphylaxis will be permitted to carry their medications with them so that they can immediately administer it in the event of an emergency situation. You may be asked to complete a separate form for inhalers or epi-pens so that our staff is informed of your child's needs. Participants who are diabetic will be asked to complete a diabetes care plan at the time of registration. These forms are included as part of this handbook.

Sick Child
Participants must be free of fever and contagious illnesses to attend programming. If your child(ren)/ward(s) do not feel well or has a fever, please do not bring them to program until they are feeling well and are free of fever for at least 24 consecutive hours. If your child(ren)/ward(s) become sick while at program, you will be contacted to make arrangements to pick up your child(ren)/ward(s).

Restroom Breaks
All program participants must be able to use the restroom on their own and be toilet trained. Throughout the day, participants are provided breaks to utilize the restrooms together as a group. In the event that a participant needs to use the washroom outside of the designated break time, the staff will bring the participant to the nearest washroom and also bring a third person so that no one is left alone.

Washing Hands & Facility Cleaning Routines
Healthy hand hygiene helps to minimize the spread of germs and is practiced as part of all GECRC programs. Participants and staff will be expected to wash their hands at the arrival to program, as they prepare to eat snacks or meals, and whenever they cough/sneeze into their hands. If your child has a skin condition that requires moisturizer to be used after hand washing, please advise staff.

Fees & Payment Plan

There is a one-time $50 per child summer registration/materials fee that is due at the time of registration. If your child qualifies for one or more of the following, these fees will be waived:

- Free Breakfast/Lunch Program at School
- School Waiver
- Child Care Assistance Program (CCAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- DCFS Ward of State/Intact Families Participant

GECRC accepts the Child Care Assistance Program to cover the weekly program fee of $205. All program families will be asked to complete CCAP paperwork at the time of enrollment. If your family is not eligible for CCAP, a scholarship to participate will be explored. Scholarships are made possible through the support of grants and private donors. In order for us to keep our program affordable, it is essential for families to communicate absences with us immediately. Chronic absences will result in termination of program enrollment.

Financial Assistance/Child Care Assistance Program

GECRC accepts enrollments into programs from families that are approved for the Child Care Assistance Program (CCAP). You must have approval documentation naming GECRC as a care provider to be approved for enrollment into program. If you need help completing your CCAP paperwork, please contact us to make an appointment. Staff is able to meet during the weekday and on select evenings and weekends.

Registration Requirements & Paperwork

Per the requirements of the State of Illinois, all students will need to have completed and submitted the following documents at the time of enrollment:

- Registration Form
- Child Care Assistance Program Paperwork (must include two most recent paystubs for parent(s))
- Copy of Birth Certificate & Immunization Records
- Medication Administration Form, Diabetes Action Plan, Allergy Action Plan (if applicable)

Paperwork can be:

- Mailed/Dropped off at GECRC's offices (346 Taft Ave, Suite 205, Glen Ellyn, IL 60137)
- Emailed to: files@gecrc.com

If you have additional questions that have not been answered by this handbook, please contact our Administration Office at 630.479.9920 or email edoty@gecrc.com.

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GECRC

MEET THE GECRC STAFF NIGHT

Parents and participants are invited to join us for dinner and learn all about GECRC's Summer Program! You'll get to meet GECRC's summer team and also receive your camp t-shirt and other important information about summer season.

FRIDAY, JUNE 12, 2026

5PM - 7PM

ARBOR VIEW SCHOOL

22W430 IRONWOOD DRIVE, GLEN ELLYN, IL 60137

Summer Program Calendar
JUNE 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12  MEET THE GECRC STAFF & DINNER	13
14  Camp Week Theme: MAKER LAB MANIA	15  FIRST DAY OF PROGRAM	16  TENNIS	17  FDIC MONEY SMART PROGRAM	18 BRING SWIMWEAR!  SPLASH PARTY (ON SITE)	19  JUNETEENTH NO PROGRAM	20
21  Camp Week Theme: SPACE QUEST	22  COMFORT DOGS	23	24	25 *First PBL Check In*	26  WEAR CAMP T-SHIRT CANTIGNY PARK	27
28  Camp Week Theme: FUTURE ENGINEERS	29  YOGA	30  TENNIS				

Summer Program Calendar
JULY 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1  YOGA	2  BACKYARD BASH (ON SITE)	3  FOURTH OF JULY NO PROGRAM	4
5  Camp Week Theme: NATURE NAVIGATORS	6  YOGA	7 *Second PBL Check In* YOGA	8  YOGA	9  YOGA	10 WEAR SOCKS!  WEAR CAMP T-SHIRT FOR BOWL	11
12  Camp Week Theme: ART EXPLOSION	13	14  TENNIS	15  GLEN ELLYN PUBLIC LIBRARY	16 *Third PBL Check In*	17  WEAR CAMP T-SHIRT MORTON ARBORETUM	18
19  Camp Week Theme: VICTORY VILLAGE	20	21	22	23 *Project Presentation Rehearsal*	24 BRING SWIMWEAR!  WEAR CAMP T-SHIRT POOL DAY	25
26 SPIRIT WEEK!  Camp Week Theme: OUR CAMP FAVORITES	27  Tie Dye Day Wear the colorful tie dye you made at GECRC	28  Sports Day Wear your favorite jersey or sports related clothing TENNIS	29  Class Colors Pekkarinen - Red Mazie - Orange Shaw - Yellow Pfotenhauer - Green Jannineck - Blue Chávez - Purple	30  Dress to Impress Project Presentations *Parents Invited to Attend - Details to come*	31  WEAR CAMP T-SHIRT SAFARI LAND LAST DAY OF SUMMER PROGRAM	

GECRC 2026 SUMMER REGISTRATION FORM

Directions: This form is to be completed for each participant in summer program regardless if registering online, in-person, or by mail. Please legibly print and complete all components of the registration form. If there are sections that do not apply, please enter N/A. Please submit your registration via:

Email: edoty@gecrc.com **OR Mail/Drop Off:** GECRC 346 Taft Ave, Suite 205, Glen Ellyn, IL 60137

HOUSEHOLD INFORMATION

Street Address:

City, State, Zip Code:

Select the programs your family is currently approved and/or participating in:

□ Free Breakfast/Lunch Program at School
□ Temporary Assistance for Needy Families (TANF), Case #:_____
□ Child Care Assistance Program (CCAP), Case #:_____
□ School Fee Waiver
□ Supplemental Nutrition Assistance Program (SNAP), Case #:_____
□ DCFS Foster or Intact Families, Case #:_____

Select how your child(ren)/ward(s) will be arriving to program:

□ GECRC Bus □ Dropped Off by Parent/Guardian

Select how your child(ren)/ward(s) will be arriving to program:

□ GECRC Bus at 3:30PM □ Picked Up by Parent/Guardian at 3:30PM
□ Picked Up by Parent/Guardian by 5:30PM

Select the meals you'd like your child(ren)/ward(s) to receive while at program:

□ Breakfast □ Lunch □ Snack

Would you like a snack bag sent home weekly?

□ No □ Yes

Are there any dietary restrictions?

□ No □ Yes, please describe:

PARTICIPANT 1 INFORMATION

First Name: | **Last Name:** | **Birthdate:** | **Gender:** □ Male □ Female □ X

Race (this is collected for grant purposes):

□ African American/Black
□ American Indian/Alaska Native
□ Asian
□ Caucasian/White
□ Hispanic/Latino
□ Native Hawaiian/Pacific Islander
□ Two or More Races
□ Other

School Grade Entering Into:

□ 1st □ 2nd □ 3rd
□ 4th □ 5th □ 6th
□ 7th □ 8th

What School Will Your Child Be Attending in Fall?

□ Arbor View □ Ben Franklin □ Briar Glen
□ Churchill □ Forest Glen □ Glen Crest
□ Hadley □ Lincoln □ Park View
□ Westfield

Select the languages your child knows:

□ English □ Burmese □ Chinese □ Hindi □ Hakha Chin □ Korean □ Polish □ Russian □ Spanish □ Tedim □ Urdu □ Other_____

Does your child have an IEP or 504B, or a special need?

□ No □ Yes, please attach or send a copy of IEP/504B

Do you approve for GECRC to transport your child/ward to program, for field trips and/or for emergency purposes? □ Yes □ No

Please describe any medical conditions the participant has (asthma, allergies, vision, hearing, heart condition, diabetes, mental health, etc.).

Does the participant take medication that needs to be administered during program time?

□ No □ Yes, the participant will need to take medication at program. I approve for GECRC to administer them as described in the completed Medication Authorization Form.

PARTICIPANT 2 INFORMATION

First Name: | **Last Name:** | **Birthdate:** | **Gender:** □ Male □ Female □ X

Race (this is collected for grant purposes):

□ African American/Black
□ American Indian/Alaska Native
□ Asian
□ Caucasian/White
□ Hispanic/Latino
□ Native Hawaiian/Pacific Islander
□ Two or More Races
□ Other

School Grade Entering Into:

□ 1st □ 2nd □ 3rd
□ 4th □ 5th □ 6th
□ 7th □ 8th

What School Will Your Child Be Attending in Fall?

□ Arbor View □ Ben Franklin □ Briar Glen
□ Churchill □ Forest Glen □ Glen Crest
□ Hadley □ Lincoln □ Park View
□ Westfield

Select the languages your child knows:

□ English □ Burmese □ Chinese □ Hindi □ Hakha Chin □ Korean □ Polish □ Russian □ Spanish □ Tedim □ Urdu □ Other_____

Does your child have an IEP or 504B, or a special need?

□ No □ Yes, please attach or send a copy of IEP/504B

Do you approve for GECRC to transport your child/ward to program, for field trips and/or for emergency purposes? □ Yes □ No

Please describe any medical conditions the participant has (asthma, allergies, vision, hearing, heart condition, diabetes, mental health, etc.).

Does the participant take medication that needs to be administered during program time?

□ No □ Yes, the participant will need to take medication at program. I approve for GECRC to administer them as described in the completed Medication Authorization Form.

PARTICIPANT 3 INFORMATION

First Name: | **Last Name:** | **Birthdate:** | **Gender:** □ Male □ Female □ X

Race (this is collected for grant purposes):

□ African American/Black
□ American Indian/Alaska Native
□ Asian
□ Caucasian/White
□ Hispanic/Latino
□ Native Hawaiian/Pacific Islander
□ Two or More Races
□ Other

School Grade Entering Into:

□ 1st □ 2nd □ 3rd
□ 4th □ 5th □ 6th
□ 7th □ 8th

What School Will Your Child Be Attending in Fall?

□ Arbor View □ Ben Franklin □ Briar Glen
□ Churchill □ Forest Glen □ Glen Crest
□ Hadley □ Lincoln □ Park View
□ Westfield

Select the languages your child knows:

□ English □ Burmese □ Chinese □ Hindi □ Hakha Chin □ Korean □ Polish □ Russian □ Spanish □ Tedim □ Urdu □ Other_____

Does your child have an IEP or 504B, or a special need?

□ No □ Yes, please attach or send a copy of IEP/504B

Do you approve for GECRC to transport your child/ward to program, for field trips and/or for emergency purposes? □ Yes □ No

Please describe any medical conditions the participant has (asthma, allergies, vision, hearing, heart condition, diabetes, mental health, etc.).

Does the participant take medication that needs to be administered during program time?

□ No □ Yes, the participant will need to take medication at program. I approve for GECRC to administer them as described in the completed Medication Authorization Form.

PARENT/GUARDIAN 1 CONTACT INFORMATION

Select relationship to participant. □ Mom □ Dad □ Guardian □ Step Parent □ Grandparent □ Other_____

Select the languages spoken: □ English □ Burmese □ Chinese □ Hindi □ Hakha Chin □ Korean □ Polish □ Russian □ Spanish □ Tedim □ Urdu □ Other

First Name of Parent/Guardian 1:	**Last Name of Parent/Guardian 1:**	
Primary Phone Number:	**Secondary Phone Number:**	
Email Address:	**Date of Birth:**	**Gender:** □ Male □ Female □ X

PARENT/GUARDIAN 2 CONTACT INFORMATION

Select relationship to participant. □ No second contact □ Mom □ Dad □ Guardian □ Step Parent □ Grandparent □ Other_____

Select the languages spoken: □ English □ Burmese □ Chinese □ Hindi □ Hakha Chin □ Korean □ Polish □ Russian □ Spanish □ Tedim □ Urdu □ Other

First Name of Parent/Guardian 2:	**Last Name of Parent/Guardian 2:**	
Primary Phone Number:	**Secondary Phone Number:**	
Email Address:	**Date of Birth:**	**Gender:** □ Male □ Female □ X

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD(REN)/WARD(S)

First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No

MEDICAL PROVIDER INFORMATION

Pediatrician/Doctor's Name:	**Doctor's Phone:**

REGISTRATION CHECKLIST

Registration Checklist

___ I have enclosed my child's completed registration form with emergency contacts.
___ I have included a copy of my child's immunization records.
___ If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.
___ I have completed and included the CCAP paperwork and a copy of my two most recent paystubs.
___ I have included a copy of my child's birth certificate.
___ I have reviewed and included the Code of Conduct Form with my child.

PARTICIPANT WAIVER AND PHOTO/VIDEOGRAPHY RELEASE

In case of MEDICAL EMERGENCY, I authorize Glen Ellyn Children's Resource Center (GECRC), its directors, officers, employees, agents, volunteers, and designees (collectively "GECRC") to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that enrolling and participating in any program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child(ren)/ward(s) may sustain as a result of such participation. I fully understand and agree that all program shall be at my or my minor child(ren)'s/ward's' sole risk. I further agree to waive and relinquish all claims I or my minor child(ren)/ward(s) may have or which may occur to me and/or my minor child(ren)/ward(s) as a result of participation in this program. I do hereby fully release and forever discharge GECRC from any and all claims for injuries, damages, or loss that I or my minor child(ren)/ward(s) may have or which may occur to me or my minor child(ren)/ward(s) and arising out of, connected with, or in release of all claims.

PLEASE SELECT ONE OPTION

□ **Yes I, hereby grant GECRC non-revocable permission to capture my minor child(ren)/ward(s) image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images").** I acknowledge that GECRC will own such Images and further grant GECRC permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to GECRC business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by GECRC prior to its use. I forever release and hold GECRC harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

□ **No, I do not grant GECRC permission to capture my minor child(ren)'s/ward(s)' image and likeness in photographs, videotapes, motion pictures, recordings, or any other media.**

_____ _____

Parent/Guardian Signature **Date**

GLEN ELLYN CHILDREN'S RESOURCE CENTER PARTICIPANT CODE OF CONDUCT

Directions:
Please review the Code of Conduct with your child/ward, complete, and submit it with your registration.

GECRC Participant Code of Conduct
All GECRC participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in vehicles.
- While riding in vehicles, riders are to remain seated forward and keep the aisle clear.

Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming.

Parents will be notified by staff during pick up time of any concerns that may have come up during the program time. In the event of a serious behavior concern, a parent/guardian may be contacted during program time and asked to pick up their child/ward.

PARTICIPANT INFORMATION & SIGNATURE	
First Name:	**Last Name:**
□ Yes, I understand and agree to follow GECRC's Code of Conduct.	
_____ **Participant's Signature**	_____ **Date**

PARENT/GUARDIAN INFORMATION & SIGNATURE	
First Name of Parent/Guardian	**Last Name of Parent/Guardian**
□ Yes, I understand and agree to follow GECRC's Code of Conduct.	
_____ **Parent/Guardian's Signature**	_____ **Date**

GECRC MEDICATION AUTHORIZATION FORM

Directions: This authorization is valid for one year from the date of the physician's signature. Medication must be brought to program by an adult and given to a GECRC representative. The medication must be in its original container provided by the pharmacy with the pharmacy label in place. Any changes in medication or dosage require that a new form be completed. This form must be received before any medication can be accepted and dispensed. A log will be retained by GECRC. Please complete a separate form for each medication to be dispensed.

PARTICIPANT INFORMATION (Please print)	
First Name	**Last Name**
Parent/Guardian Name (print)	**Parent/Guardian Telephone**

TO BE COMPLETEED BY THE PARTICIPANT'S LICENSED PRESCRIBER Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.	
Diagnosis	**Medication Name**
Dosage	**Route of Administration**
Time/Circumstance When Medication Should Be Administered	
Side Effects	
Special Instructions	**Date of Prescription**
May the Participant Self-Carry/Self-Administer (Asthma or Allergy Medication Only) □ Yes □ No	
Physicians Name (print)	
Physician's Address	
Physician's Telephone	
Physician's Signature	**Date**

FOR PARTICIPANT SELF-ADMINISTERING ASTHMA OR ALLERGY MEDICATION TO BE COMPLETED BY PARENT/GUARDIAN

Please indicate where the child will be storing their medication device (i.e. backpack)

My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified healthcare professional. I hereby authorize my child to carry his/her asthma medication and to self-administer his/her medication as prescribed by his/her physician.

My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have provided GECRC an extra supply of his/her medication with a prescription label for use in the event that he/she forgets to bring his/her asthma medication to program on a particular day.

_____ _____

Parent/Guardian Signature **Date**

WAIVER TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, parent or guardian of _____, am primarily responsible for administering medication to my child. However, in a medical emergency or if necessary for the critical health and well-being of my child, I hereby authorize Glen Ellyn Children's Resource Center ("GECRC"), and its employees and agents, on my behalf and in my stead, to administer to my child or to allow my child to self-administer, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child and treatment of my child's condition to be performed by an individual other than a nurse and specifically consent to such practices. I will notify the GECRC in writing if the medication is discontinued and will obtain a written order from the physician if the medication dosage or treatment is changed. I understand that this medication authorization is only effective for the current school year and will need to be renewed each subsequent program year.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against GECRC, its employees and agents, arising out of the administration or self-administration, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice nurse. In addition, I agree to indemnify and hold harmless the GECRC, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

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

Unused medication will not be sent home with the child and needs to be picked up on the last day of program by an adult. Medication will be destroyed if not picked up by the last day of program.

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG — Shortness of breath, wheezing, repetitive cough

HEART — Pale or bluish skin, faintness, weak pulse, dizziness

THROAT — Tight or hoarse throat, trouble breathing or swallowing

MOUTH — Significant swelling of the tongue or lips

SKIN — Many hives over body, widespread redness

GUT — Repetitive vomiting, severe diarrhea

OTHER — Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE — Itchy or runny nose, sneezing

MOUTH — Itchy mouth

SKIN — A few hives, mild itch

GUT — Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 3/2020

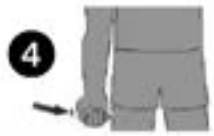
FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps; you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

I. DIABETES INFORMATION

Hyperglycemia (High Blood Sugar) *Not enough insulin in the body to allow sugar to be used*	Hypoglycemia (Low Blood Sugar) *Usually happens before lunch or after exercise*
Possible Symptoms: Excessive Thirst Flushed Dry Skin Frequent Urination Tired Blurred Vision Excessive Hunger Breath Fruity Odor Fatigue Weakness Vomiting	**Possible Symptoms:** Weakness/Fatigue Feeling Faint Dizziness Shaky/Trembling Nausea Rapid Pulse Excessive Hunger Abdominal Pain Confusion Anxious/Irritable Sweaty/Pallor Slurred Speech

FIRST AID FOR HIGH OR LOW BLOOD SUGAR

HYPERGLYCEMIA (HIGH BLOOD SUGAR)

1. Check the blood sugar if signs & symptoms occur.
2. Check urine for ketones, if Blood Sugar is above _____
3. Stay with child continuously.
4. Provide water to drink, allow unlimited use of bathroom
5. Call parent/guardian if any of the following:
   - Blood sugar is above _____
   - Ketones are □ Moderate or □ High
   - Experiencing nausea/vomiting
6. Administer insulin per physician's order (see Medication Authorization)
7. Recheck blood sugar in _____ minutes and at _____ minute intervals
8. Call 9-1-1 if:
   - -Participant loses consciousness
   - -Unable to reach parent/guardian and symptoms worsen
9. Stay with child continuously

ADDITIONAL PUMP INSTRUCTIONS

- -Check pump function, pump site, and tubing
- -Treat for Hyperglycemia as above

PARENT INITIALS: _____

Additional Information

_____
_____
_____
_____

HYPOGLYCEMIA (LOW BLOOD SUGAR)

1. Check the blood sugar if signs & symptoms occur.
2. Stay with the participant continuously.
3. Give the carbohydrate supplement ordered by the physician if blood sugar is less than _____ and participant is conscious, cooperative and able to swallow.
   - Give _____ grams carbohydrate
   - Examples: _____
4. Check blood sugar after 15 minutes.
   - If blood sugar does not improve, give fast sugar again.
   - When symptoms improve, provide an additional snack of _____
5. Call 9-1-1, the parents, and the participant's physician, if:
   - Symptoms do not subside
   - Participant loses consciousness
   - Unable to reach parent and symptoms worsen
6. Give Glucagon _____mg injection if child is unconscious, experiencing a seizure or unable to swallow and place student on side.
7. When conscious and able to swallow 4 oz. of juice may be given until EMS arrives.

ADDITIONAL PUMP INSTRUCTIONS

- -Check pump function, pump site, and tubing
- -Treat for Hypoglycemia as above

PARENT INITIALS: _____

Additional Information

_____
_____
_____

II. DIABETES MANAGEMENT WHILE AT GECRC PROGRAMMING

Blood Glucose Monitoring

Target Blood Sugar Range: _____ mg/dl to _____ mg/dl
Usual Times to Check Blood Sugar:
Before Snack Before Lunch Before Physical Activities After Physical Activities
Can the participant check their own blood sugar: □ Yes □ No
Can the participant check their own ketones: □ Yes □ No

Insulin

Does the participant require assistance with carbohydrate counting? □ Yes □ No
Can the participant give their own injections and/or operate pump? □ Yes □ No

Types of Insulin Taken: _____ □ Pen □ Pump □ Injection
Usual Times of Insulin Injections: _____ Basal Rate, if on Pump: _____
Amount of Insulin to Give: _____
If sliding scale, physician order necessary

Giving Insulin

With their pump, does the participant know how to:
Change tubing □ Yes □ No
Change batteries □ Yes □ No
change insulin cartridge □ Yes □ No
Decide bolus amount □ Yes □ No
Give bolus □ Yes □ No

1. Using the glucose meter, check the blood sugar.
2. Document the blood sugar in the log book and notify parent/guardian as indicated under first aid for hypo/hyperglycemia on front of this document.
3. Administer insulin using the following calculations (sliding scale plus ratio amount):

Units of Insulin to Give Based on

Sliding Scale of Blood Sugar Reading	**PLUS**	**Insulin/Carbohydrate Ratio**
Blood Sugar 150-200 = ____Units		Ratio: _____ Units insulin per _____ Carbs
Blood Sugar 201-250 = ____Units		
Blood Sugar 251-300 = ____Units		
Blood Sugar 301-350 = ____Units		
Blood Sugar 351-400 = ____Units		
Blood Sugar >401 = ____Units		

*****IF GREATER THAN _____ CALL PARENT & DOCTOR*****

Qualified Y Staff (Completed by Y)

Staff qualified to use glucose meter:
_____
Staff qualified to give insulin injections and/or operate pump:
_____

Supply Location

Diabetes Care Supplies Are Kept: _____
Supplies of Snack Foods Are Kept: _____
Additional (emergency) Supplies Are Kept:_____

FOOD & EXERCISE

Meals/Snacks	**Time**
Breakfast	_____
Mid-Morning	_____
Lunch	_____
Mid-Afternoon	_____
Before Exercise	_____
After Exercise	_____
Other	_____

Food Content/Amount

_____
_____
_____
_____
_____
_____
_____

Preferred Snacks

_____
_____

Foods to Avoid

_____
_____
_____

Participant should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl.
Other exercise instructions or physical activity restrictions/limitations/accommodations:

Physician's Order & Signature

This diabetic management plan has been approved by:

_____ _____to_____
Physician's Signature **Effective Date**

Parent/Guardian Signature

This diabetic management plan has been approved by:

_____ _____
Parent/Guardian Signature **Date**