



This program will be held after school and NWSRA Summer Camps until 6:00 pm. Transportation is provided from NWSRA Summer Camps and may be provided from specific schools during the school year.

NWSRA, in collaboration with Clearbrook, is proud to present the STAR Academy After Care program!

Register Now for 2018 - 2019 school year!

- ### Core Elements of Programming...
- Recreation & Leisure**
 Developing gross and fine motor skills, experiencing cultural arts (dance, drama, arts and music) and participating in passive and active recreation
 - Health & Wellness**
 Developing skills to enhance a healthy life style, improving one's physical health, self-respect and self-image
 - Social Skills**
 Expanding communication skills, enhancing interaction with peers, and developing interpersonal skills

To register or for more information please contact:

Liz Thomas
lizt@nwsra.org
847/392-2848 ext. 227
www.nwsra.org/academy

GROUP: All Abilities GRADES: Elementary ~ Age 21

| GRADES | DAY/DATES | TIME | LOCATION | RATIO | FEE/HR. | MIN/MAX | TRANSPORTATION |
|---------------------|-----------------------------|----------------|---|-------------------|-------------------------------|--------------|--|
| Elementary ~ Age 14 | Choose 1 - 5 days Mon - Fri | 2:30 - 6:00 pm | Rolling Meadows Community Center NWSRA Entrance 3705 Pheasant Dr. | 1:1 1:2 1:4 | \$15.00 \$12.50 \$10.00 | 5/20 per day | <ul style="list-style-type: none"> • Miner School • Kirk School • District 15, 59 and other NSSEO on a case by case basis |
| Age 15 ~ 21 | Choose 1 - 5 days Mon - Fri | 2:30 - 6:00 pm | Central Community Center NWSRA Entrance 1000 W. Central Rd., Mount Prospect | 1:1 1:2 1:4 | \$15.00 \$12.50 \$10.00 | 5/20 per day | <ul style="list-style-type: none"> • Miner School • Kirk School • Palatine HS • Hersey High School • other NSSEO case by case basis |
| Elementary ~ Age 21 | Choose 1 - 5 days Mon - Fri | 2:30 - 6:00 pm | Hanover Park Community Center NWSRA Entrance 1919 Walnut Ave. | 1:1 1:2 1:4 | \$15.00 \$12.50 \$10.00 | 5/20 per day | <ul style="list-style-type: none"> • Miner School • Kirk School • Hoffman Estates HS • District 54 case by case basis |

Notes:

- STAR Academy runs the entire school year and summer, with continuous registration based on availability.
- Summer session dates based on NWSRA Summer Camp calendar.
- DHS Home Based Waiver funding may be used for this program.
- Clearbrook and NWSRA reserve the right to adjust ratios.
- Fees are subject to change based on the annual budget.
- Residents have priority in registration for the program.
- Non-Residents will be allowed to register subject to availability.

Scan the QR Code to access the STAR Academy Registration Form!



*Un traductor de idioma en Español está disponible bajo petición, para asistir con la registraci3n. Por favor llama a la oficina del n3mero 847/392-2848. Por favor deja un mensaje con Manny para solicitar una cita o para recibir una llamada telef3nica.



STAR Academy Registration Form

Please return to: Clearbrook Director of Admissions: Heidi Raymond
1835 W Central Rd, Arlington Heights, Illinois, IL 60005
(847) 385-5328, hraymond@clearbrook.org

PERSONAL INFORMATION FOR APPLICANT

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ Township: _____

Park District: _____ Current School: _____ School District: _____

School Dismissal Time(s): _____ Teacher: _____

Teacher Email: _____ Teacher Phone Number: _____

Check One:

Living with Parent(s) Living in Other Community Facility

Other (Describe) _____

Is applicant: Male Female Soc. Sec. No.: _____

Primary Language: _____ Secondary Language: _____

Mother's Name: _____ Email: _____ Cell: _____

Home Phone: _____ Address (if different from above): _____

Father's Name: _____ Email: _____ Cell: _____

Home Phone: _____ Address (if different from above): _____

Alternate Emergency Contact: _____ Relationship to client: _____

Home Phone: _____ Cell phone: _____

Address: _____

Parents are: Married Separated Divorced

Father Deceased Mother Deceased

Is the Applicant a US Citizen?

Yes No

Is Applicant own guardian?

Yes No (please indicate below)

Name(s) of Guardian: _____

Type of Guardianship: _____

Do you plan on private paying for the STAR Academy program?

Yes No

Does the applicant receive funding from Illinois Department of Human Services?

Yes (please indicate below) No

If yes, please check: DRS AHBS Not Sure

Is a case manager connected to the applicant?

Yes (please indicate below) No

Name: _____ Agency: _____

Email: _____ Phone Number: _____

RIN from Medicaid Card(Please also provide a copy of the card) _____

Do you plan on using your funding for STAR? Yes No Not Sure

A copy of the award letter must be provided with this registration. If an award letter is not attached, the registration will be considered incomplete.

MEDICAL CONDITIONS/NEEDS:

What is the applicant's primary diagnosis? _____

Any secondary diagnosis? _____

Diabetes Shunts Braces Canes Walker Glasses G-tube VNS Trach Epi-pen

PKU Suctioning Catheter Sign Language Assistance Hearing Aid Seizures Bus Harness

If using a wheelchair, is client capable of transferring? Yes No Wheelchair (type) _____

AAI Condition: If a client has Down syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined?

Yes No Date _____

Is client clear of Atlantoaxial Instability Condition (AAI)? Yes No

Allergies (specific): _____

Intolerances: _____

List other medical instructions: _____

Medication will not be administered by STAR Academy staff. Please list all medications in the event of a medical emergency.

MEDICATION:

| Type | Dosage | Time |
|------|--------|------|
| | | |
| | | |
| | | |
| | | |

Primary Care Physician: _____ Phone: _____

PROGRAM RATIO AND DAYS

NWSRA and Clearbrook reserves the right to adjust ratios as assessed necessary, which may affect billing rates.

Suggested ratio (Please check):

- 1:1 billed at \$15/hour
 1:2 billed at \$12.50/hour
 1:4 billed at \$10.00/hour

Please note client's ratio and why:

What days are you looking to commit to program? (Please check)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Which site are you interested in? (Please check)

- Rolling Meadows (Youth, elementary to 14)
 Hanover Park (Youth/Teen)
 Mt. Prospect (Teen, 15 to 21)

Additional Comments: _____

What means of transportation is your client using to arrive at STAR Academy? _____

If you are requesting a specific 1:1 aide, that is a current Personal Support Worker, please indicate the name of that aide and phone number: _____

Person Completing Application _____ Date _____

Relationship to Applicant _____

For Internal Use Only

Date Registration Received: _____

Registration Reviewed by: _____ Date: _____