



2024 Summer Programming- Bruce Nichols Campus

6-12 year old packet

Welcome to the Stateline Boys & Girls Club where Great Futures Start! All components of this packet must be completed in order to be eligible for the program. Contact 815-389-3634 with any questions.

Summer Programming

Monday-Friday
7:00 am- 5:30 pm

All club members enrolled in our Summer Program will have the opportunity to participate in the full Boys & Girls Club experience to include:

Quality Role Models	Educational Opportunities	Health & Life Skills
Character & Leadership	Arts & Crafts	Sports, Fitness & Recreation
Structured Games		Weekly Swimming
Weekly Field Trips and MORE!		

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need. United Way scholarship funds are available, distributed fairly, and granted on a first-come, first-served basis. **Scholarships do not cover Membership Fee or fieldtrips or the Club t-shirt for field trips.**

Financial Aid Registration Paperwork Checklist

- Membership Registration Form
- Summer Registration Form
- Two most recent pay stubs
- Stateline Boys & Girls Club Financial Aid Form
- Emergency Medical Form

Child's Name: _____

Parent Name: _____

Fee Type	Cost
Membership	\$20.00 / \$30.00 per year
Summer Program (6-12)	\$100 two week session
Summer Program Teen (13+)	\$50 two week session
Field Trip T-Shirt	\$10.00
Field Trips	Varies by trip - see monthly calendar

Total one-time fee: _____

Total weekly fee: _____



STATELINE
BOYS & GIRLS CLUBS

2024 Summer Program Registration- Bruce Nichols Campus

Please fill out what is highlighted in yellow

Name: _____ Age: _____ Sex: _____ Phone () _____ - _____

Address: _____ City: _____ Zip: _____

Emergency Contact Information (Name & Phone Number): _____

My child has permission to walk home: Yes _____ No _____

Does your Child have any Allergies? _____

Bellow to be filled out by SBGC Staff

Session 1 : June 3rd- June 14th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 2 : June 17th -June 28th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 3: July 1st – July 5th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 4: July 15th- July 26th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 5: July 29th- August 9th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	



STATELINE
BOYS & GIRLS CLUBS

Bruce Nichols Boys & Girls Club
1161 Dorr Rd. (815) 389-3634

2024 Field Trip Permission Slip

Dear Parent(s)/Guardian(s):

The Bruce Nichols Boys & Girls Club Summer Camp program will be taking various Field Trips throughout the summer. This permission slip is good for ALL Summer Camp Field Trips. Please be sure to read the list of Trips scheduled for our Day Campers, and pay attention to the location, dates and times.

I hereby give _____ my permission to attend
(Member's Name)

Field Trip(s) with the Bruce Nichols Boys & Girls Club's Day Camp Program. In the event of an emergency, please contact
_____ at (_____) _____.
(Contact Name) (Phone Number)

I understand field trips require a club shirt. I also will inform the member not to leave the direct supervision of the leaders.

(Parent/Guardian Signature) (Home Phone Number) Date: _____

2024 Swimming Permission Slip

Dear Parent(s)/Guardian(s):

The Bruce Nichols Boys & Girls Club Summer Camp program will be taking Swimming Field Trips throughout the summer. We will be going to the Beloit Municipal Pool. Please understand that the Club Staff is not lifeguard trained. That responsibility falls on the Pool facility. The facility and its staff are the Primary Authority while on the Swimming Pool Grounds. By signing this permission slip, you understand the lower level of authority and supervision on behalf of the Club. This permission slip is good for ALL Summer Camp Swimming Field Trips. Please be sure to read the schedule dates for Swimming. If available, members can take a swim assessment test when at the field trip location.

I hereby give _____ my permission to attend swimming Field Trip(s) with the Bruce Nichols
(Member's Name)

Boys & Girls Club's Day Camp Program.
In the event of an emergency, please contact _____ at _____
(Contact Name) (Phone Number)

I understand that the Bruce Nichols Boys & Girls Club is not in charge of supervision in the pool area. I also will inform the member not to leave the direct supervision of the leaders.

(Parent/Guardian Signature) (Home Phone Number) Date: _____



Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # _____

Membership # _____

SECTION 1

Application Date: _____ Race: (Circle One)
Previous Member: Yes ___ No ___ B - African/American W - White X - American Indian
O - Asian/Pacific H - Hispanic X - Other or Mixed Heritage

Membership Paid: \$ _____ Fee Fully Paid: Yes ___ No ___ Receipt #: _____

SECTION 2 (Information Pertains to the Member)

Member's First Name: _____ Middle: _____ Last: _____
Member's Birth Date: ___/___/___ Age: _____ Sex: Male ___ Female ___
Address: _____
City: _____ State: _____ Zip: _____ Parent's E-mail: _____
Does Member Live With:
() Mother Only () Father Only () Both Parents () Grandparents () Other _____

SECTION 3 (Information Pertains to the Member)

Number of Brothers: _____ Number of Sisters: _____ People Living in House: _____
Name of School: _____ Grade: _____
Home Phone: (____) _____ Emergency Phone: (____) _____

SECTION 4

Father's Name: _____ Mother's Name: _____
Father's Employer: _____ Mother's Employer: _____
Work Phone: _____ Work Phone: _____

**To ensure that we continue receiving grants/funds, the following optional information is requested.
It will remain strictly confidential.**

Annual Family Income: (Circle One)

1. 0 - \$10,465 Per Year	4. \$17,746 - \$21,385	7. \$28,666 - \$32,305
2. \$10,466 - 14,105	5. \$21,386 - \$25,025	8. \$32,306 - \$35,945
3. \$14,106 - \$17,745	6. \$25,026 - \$28,665	9. \$35,946 and Over

SECTION 5

Does the Member Have Health Insurance? Yes ___ No ___
Does the Member Have Any Health Problems? Yes ___ No ___
If Yes, Explain: (Include if any Medications are taken): _____

SECTION 6 (Office Use Only)

Member Information: _____

SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp	5. Community Service	9. T-Ball
2. Basketball League	6. Outreach - Other	10. Softball
3. Football	7. General Membership	
4. Soccer League	8. Dance	



Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.

I promise not to smoke in the building or on the grounds.

I promise to use proper language and show respect for myself, staff,
and other members.

I must bring my membership card to the club daily for admittance.

If at any time I am asked to return my card, I understand no dues
will be refunded to me.

I understand to replace a lost card is \$1.00.

I understand that the front desk is a business area.

I understand that the phone is for emergency purposes only.

I understand food and drink are allowed only in designated areas
at designated times.

I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature: _____ Date: _____

PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature: _____ Date: _____



Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Health History	
Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	Physicians Name: _____ Phone Number: _____ Hospital Preference: _____
Additional Information we should know: _____ _____	
Are there any Behavioral Concerns we should be aware of? Yes No	
Does your child have an IEP? Yes No	
Further information: _____ _____ _____	

Emergency Contact 1
Name: _____
Relationship to Family: _____
Phone: _____

Emergency Contact 2
Name: _____
Relationship to Family: _____
Phone: _____

Parent Signature

Date



Guardian Authorization for Alternative Pick Up

I, _____, give permission for my child, _____, to be picked up from the Stateline Boys & Girls Club by the following individuals. I understand that the Stateline Boys & Girls Club may require any individuals to provide photo identification prior to picking up my child from the facility.

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Comments:

Parent/Guardian Signature: _____ Date: _____



Stateline Boys & Girls Clubs Transportation Agreement

Stateline Boys & Girls Clubs (SB&GC) use the SB&GC vans and school bus rentals during summer programming. To maintain safety on the van and bus, and a safe driving environment for all, the following rules must be followed by all members while riding in the van or bus, with no exceptions.

- Members must enter and leave the van and bus in an orderly manner
- Members must follow directions of the driver and staff members that are present
- Conversations must be at a quiet level with no loud talking, singing, or using profanity
- Vandalism of the van or bus seats is not allowed
- Members must keep hands and feet to themselves
- Seatbelts MUST be always worn while in the van or bus
- No standing while the bus or van is running/moving
- Only staff members can open windows
- No eating or drinking (except water) in the van or bus
- No bullying
- Not fighting

Failure to follow any of the rules above will lead to disciplinary consequences found in Summer Policies: written warning, days off, and/or suspension from summer field trips if there are repeated violations.

Severe infractions such as fighting, using profanity towards the driver, staff members or fellow members, destroying or damaging van or bus equipment or stealing may also lead to immediate suspension from summer field trips.

I have read the following Summer Transportation Agreement and understand that if my child does not follow the rules and regulations, the Stateline Boys & Girls Clubs will follow through with disciplinary consequences stated above.

Parent Name

Parent Signature

Date



WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), _____, authorize and permit that The Bruce Nichols Boys & Girls Club, of the Stateline Boys & Girls Clubs Organization, may release (my child) _____, to walk from the Club with the following permissions.

Please check one:

____ My child may be released by/from the Club as a walker without my prior notification.

____ My child may be released by/from the Club as a walker only upon my prior notification. I can be contacted at this phone number _____.

____ My child may be released by/from the Club as a walker only on the following day(s) of the week (Please circle all days that apply and check with or without notification):
Monday Tuesday Wednesday Thursday Friday Time they are to walk: _____

____ My child may be released by/from the Club as a walker only if I (or an authorized person) is not able to pick him/her up at the Club by 6:30 p.m. In this event, I acknowledge and agree that the Club may release my child as a walker without my prior notification.

____ I do **NOT** give permission for my child to walk home at any time.

Liability Waiver: I understand that the release of my child from the Club without parental, staff or adult supervision includes risk of injury that may range in severity from minor to disabling to even death, and that it is impossible to eliminate the risk. I understand that the release of my child from the Club as a walker without parental, staff or adult supervision is voluntary and I am free to choose not to grant the Club permission to release my child from the Club. I understand that the Stateline Boys & Girls Club , its employees, directors, volunteers, representatives, staff and agents will not be liable for personal injuries and/or property damage as a result of my child’s voluntary release as a walker as checked above. By signing this Agreement, I acknowledge that I have read and understand this document and accept the risk and responsibility of participation in the voluntary release of my child from the Club as checked above.

Parent’s/Guardian’s Signature: _____ Date: _____



STATELINE
BOYS & GIRLS CLUBS

STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2023-2024

Parent/Guardian Name (please print)

First _____ M.I. _____ Last _____
Last

Address _____ Email _____

Program:
 One time per month draft (draft occurs on the 1st of every month)
Please be aware that drafts will occur on Monday, if the 1st falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd).

Childs name _____ Grade Level _____
 Childs name _____ Grade Level _____

Beloit Club
 South Beloit Club
 After School site _____

Draft Options

Checking Account Bank Name _____
Bank Routing # _____ Account # _____

Savings Account Bank Name _____
Bank Routing # _____ Account # _____

Credit Card Name on Card _____
Account # _____ Card Type _____
(Discover, MasterCard, or Visa)
Expiration Date _____ CID# _____

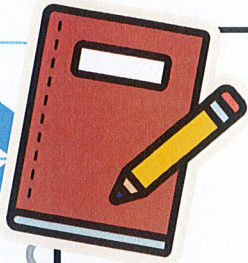
• This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.

- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable ☒
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let know prior to your payment being pulled.

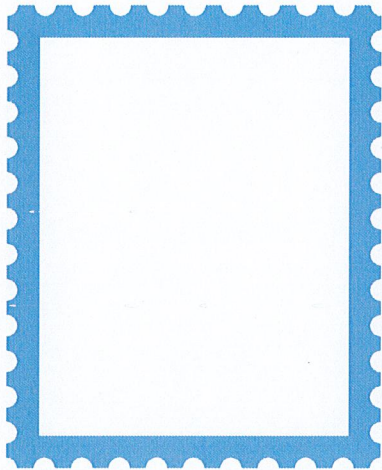
I authorize the Stateline Boys and Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Club may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature

Date



ALL ABOUT ME



NAME:

BIRTHDAY:

AGE:

SCHOOL:

FAVOURITES

- FOOD:
- GAME:
- SPORT:

FAVOURITES

- COLOR
- SHOW
- ICE CREAM / SNACK



MORE ABOUT ME!

WHEN I GROW UP, I WANT TO BE:

I'AM INTERESTED WITH:



Summer Program Policies 2024

Bruce Nichols Boys & Girls Club
1161 Dorr Road, South Beloit, IL 61080
815-389-3634 www.statelinebgc.org

Fees for more than one child

If registering more than one member in the family, fees are as follows

First Child 100.00 per two weeks
Second Child 95.00 per two weeks
Third Child 90.00 per two weeks
(6-12 years old)

Teen rate 50.00 per two weeks
(13-18 years old)

\$95.00 per two weeks session **before** May 24th, and \$100.00 per two weeks session **after** May 24th.

Fees are for regular Summer Program Hours 7:00am- 5:30pm

Sessions are not prorated due to late registration or coming into the middle of a session.

Deposits

A \$10.00 non-refundable deposit may be paid to hold a space for your child for that session. Parents have until the specific deadline to pay the remaining balance. Late fees will still be applied if payment is after the due date.

Day Pass

Members who have an active membership may attend for the day by purchasing a pass for \$10.00 to stay between 9:00 am until 5:00 pm. **No refunds on Day Passes.**

Deadlines

All Summer Program registration fees must be paid in full by the deadline dates for each session. **Members not paid in full will not be allowed to attend the session.** Registration received after May 24th will be \$100.00 per session. Session fees after any deadline date will be subject to an additional **\$10.00 late charge.**

	Sessions	Deadline
1	June 3rd- June 14 th	May 31st
2	June 17 th - June 28 th	June 14th
3	July 1st –July 12th	June 28th
4	July 15 th -July 26 th	July 12th
5	July 29th- August 9th	July 26th

Refunds

There will not be refunds given on any fees paid for any reason. Members should attend the session or sessions that have registered for. Session fees are not transferable or dividable from session to session or from member to member, **no exceptions.**



Financial Assistance

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need, Club scholarship funds are limited, distributed fairly, and granted on a first-come, first-served basis

Membership Cards

Members are required to bring their cards daily to enter the Club. If members forget their cards, they will need to purchase a new card for \$1.00 that day to enter the Club.

Meals & Concessions

All school aged-youth are welcome to visit our site for a free healthy lunch. Beginning 11:30am until 12:30 pm daily throughout the summer program. We offer members the opportunity to purchase concessions as well as provide a variety of free snacks daily at 3pm.

Medication

Parents/guardians are responsible for filling out and signing the SBGC Medication Consent Form. Medication needs to be labeled with the child's full name and date and time to distribute. SBGC Staff will document the date, time and amount of medication the child is given each day on the Medication Consent Log. SBGC staff will fill out the medication log at the Club as well as on field trips. On field trip days, Staff are responsible for holding onto member medication and giving the medication to the child at the correct time.

If your child has severe allergies, they will need to carry an epi pen on them. If your child needs to use an inhaler, please make sure they bring it to always be used.

Field Trips

All field trips are optional. If a member is interested in attending a certain field trip, they will need to have that field trip paid for by the due date. Some trips may limit the number of members attending a field trip. Those trips will be noted on the field trip flyer. For members who are attending a field trip they need to make sure they are on site and in attendance at least 30 minutes before the bus leaves. **Please pay attention to whether the bus is leaving from a Beloit Location or South Beloit Location.** Those who are attending a field trip will be expected to wear the Boys & Girls Club t-shirt. If a member is not in a Boys & Girls Club t-shirt, he or she will not be able to attend. On field trips your child is responsible for holding and taking medication. Our BGC staff do not assume the risk or responsibility of holding on to or passing medication to members on fieldtrips.

If the member is unable to meet behavior expectations on the field trip (outlined in our behavior policy), they will not be able to attend the next field trip. If the member continues to disregard behavior policy they will no longer be able to attend field trips.

Open Door Policy

The Open Door Policy applies to members 13 – 18 years old; if members fall into that age category, they are free to leave the Club, but they are not permitted to reenter that day without an adult. Members 11 years and younger need to be dropped off and picked up by a parent or guardian or authorized adult or the parent needs to sign off on the

member walking home. If a member leaves our facility without parent permission, we will notify the parent and call non-emergency.

Personal Belongings

The SBGC is not responsible for the lost, missing, stolen or damaged items. Cubbies are available for member's usage, however all items need to be removed daily. Bikes are to be locked up at the bike rack. Valuables such as tablets, cameras, gaming devices should be left at home. Cellphones are the member's responsibility; staff are not responsible to hold on to a member's cellphone or personal items.

Dress Code

Club members must wear gym shoes when participating in gym activities or outdoor activities where feet need to be covered. All clothing which displays logos or monikers that promote drugs, alcohol, violence, gangs, sex, racism etc. must not be worn. Shoes, pants, shorts, must always be worn and clothing must not be revealing and must be worn appropriately. Members who fail to meet the dress code standards may be subject to dismissal.

Behavior Problems

Members are expected to follow SBGC rules & regulations. Members are to respect the staff, other members, and the visitors/ volunteers who enter our building. Members who fail to follow the SBGC rules will be disciplined according to the behavior displayed. If the behavior continues the member may be subject to suspension or unable to sign up for future summer sessions.

When a member is suspended from SBGC, a staff will contact the parents/ guardians. Arrangements must be made for that member to be picked up immediately. A meeting between the Unit Director and the members' parent/guardian must take place to decide if/when that member will be allowed back to the SBGC Building.

Required Immediate Reporting

Staff and volunteers are all mandated reporters. We are required to report any critical incident/safety concern to local authorities immediately. We are also required to report any critical incident to Boys & Girls Clubs of America within 24 hours.

Transportation

It is the parents/guardians' responsibility to ensure members are dropped off and picked up promptly. SBGC Staff members are **NOT** permitted to give members a ride home.

Parent/guardians/authorized adults consistently not following this policy are subject to penalties such as SBGC staff calling non-emergency, or members may not be permitted to attend or register for future session.

SBGC travels by school bus or shuttle for field trips, please make sure to drop off your child/children on time otherwise they will be left behind.

Sick Policy

If a member should become sick during the day, SBGC will contact the parent or guardian to come pick up the child.

SUMMER PROGRAM POLICY HANDBOOK SIGNATURE PAGE

After reading the Summer Program Policy Handbook, please sign the appropriate lines below and return the form to the Front Office.

We/I, the parent(s)/guardians of _____
have read and understand the contents of Stateline Boys & Girls Clubs – Joel Barrett Location Afterschool Program Policy Handbook. We agree to follow and abide to the Stateline Boys & Girls Clubs Policies. We understand that the organization reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the policies will be distributed by each club location under the Stateline Boys & Girls Clubs Organization. The Afterschool Program Policy Handbook is not an enrollment contract.

Signature of _____
Parent/Guardian _____
Date _____

Signature of _____
Parent/Guardian _____
Date _____

Please Note: Signature is required by all legal parent(s) and or guardian(s).

Thank you, very much!



STATELINE
BOYS & GIRLS CLUBS



StateLine Boys & Girls Club: Bruce Nichols Campus

Medication Consent Form

Name of child: _____ Birth Date: _____

Child Care Center Name: _____

Name of Medication	Dosage	Time(s) of day to be administered	How to be administered	Dates- Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No Does the over-the counter- (OTC) medication label indicate the child's physician should be consulted? If "Yes" O have consulted with my child's physician and I am authorizing a dosage consistent with the physicians recommendation.

OTC Medication Name _____ Parent Initials _____

Additional Information/ Special instructions/contraindication- Specify.

I hereby authorize administration of the above medication to my child by staff of the child care center listed above

Signature- Parent or Guardian

Date

Documentation of Medication Administration

Instructions: This section is to be completed only by Stateline Boys & Girls Club employees to document the actual administration of the medication.

Lines should not be skipped

	Name of Medication	Date Administered	Time Administered	Dosage	Signature/initial of person who is administering the medication
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

Winnebago County Community Resource Guide

Adult Learning

- Goodwill Industries of Northern Illinois
815-965-3795
850 N. Church St., Rockford, IL
<http://www.goodwillni.org/>
- Rock Valley College-Downtown
815-921-2000
99 E. State St., Rockford, IL
<https://www.rockvalleycollege.edu/>
- Rock Valley College-Main Campus
815-921-4250
3301 N. Mulford Rd., Rockford, IL
<https://www.rockvalleycollege.edu/>
- The Literacy Council (ESL)
815-963-7323
982 N. Main St., Rockford, IL
<https://theliteracycouncil.org/>

Child Care

- Motherhouse Crisis Nursery
815-962-4858
424 7th St., Rockford, IL
<https://www.childrenhomeandaid.org/parenting/crisis-nursery/motherhouse-crisis-nursery/>
- YWCA Child Care Solutions
815-484-9442
4490 E. State St., Rockford, IL
<https://www.ywcanwil.org/child-care-solutions/>

Children's Education and Development

- Child & Family Connections
815-654-6170
1752 Windsor Rd. Suite 102., Loves Park, IL
<http://www.dhs.state.il.us/page.aspx?>
- Head Start
 - Admin. & Human Services Dept.
779-348-7169
612 N. Church St., Rockford, IL
 - Dennis Early Childhood Center
815-490-5410
730 Lincoln Park Blvd., Rockford, IL
 - Fairgrounds Site
779-348-7550
902 Acorn St., Rockford, IL
 - Orton Keyes Site
779-348-7536
653 Ranger St., Rockford, IL
<https://rockfordil.gov/city-departments/human-services/head-start/head-start-services/>

- IGrow-Home Visiting Program
815-720-4032
555 N. Court St., Rockford, IL
http://www.wchd.org/index.php?option=com_content&view=article&id=470&Itemid=868
- Parker Early Education Center
815-654-4559
808 Harlem Rd., Machesney Park, IL
<https://www.harlem122.org/Domain/8>
- RPS District 205 Early Childhood Program
815-229-2103
501 7th St. (2nd Floor), Rockford, IL
<https://www3.rps205.com/departments/Pages/Early-Childhood.aspx>

Dental Services (Medical Card Accepted)

- Crusader Community Health
815-490-1600
1100 Broadway St. & 1200 W. State St., Rockford, IL
6115 N. 2nd St., Loves Park, IL
<https://www.crusaderhealth.org/>
- Dental Dreams
6215 E. State St., Rockford, IL (815-399-7777)
1363 W. Lane Rd., Machesney Park, IL (815-637-2800)
<https://www.dentaldreams.com/>
- Park City Dental
815-708-6556
555 N. Court St., Rockford, IL
<http://www.parkcitydentalrockford.com/>
- Rock River Dental
815-965-5555
318 College Ave., Rockford, IL
<https://www.rock-riverdental.com/>
- RVC Dental Hygiene Clinic
815-921-3235
3301 N. Mulford Rd., Rockford, IL
<https://www.rockvalleycollege.edu/Courses/Programs/Dental/index.cfm>

Disability Services

- Center for Sight and Hearing
815-332-6800
8038 Macintosh Ln., Rockford, IL
<https://www.cshni.org/>
- Office of Rehabilitation Services
815-967-3725
107 N. 3rd St., Rockford, IL
<http://www.dhs.state.il.us/page.aspx?>
- RAMP
815-968-7467
202 Market St., Rockford, IL
<https://rampcil.org/>

- Social Security Administration
877-628-6570
502 E. Jefferson St., Rockford, IL
<https://www.ssa.gov/>

Employment Training

- The Workforce Connection
815-847-7475
303 N. Main St., Rockford, IL
<http://www.theworkforceconnection.org/>

Energy Assistance

- City of Rockford Human Services
815-987-5782
612 N. Church St., Rockford, IL
<https://rockfordil.gov/city-departments/human-services/>
- Salvation Army
815-964-5421
500 South Rockford Ave., Rockford, IL
<https://centralusa.salvationarmy.org/rockford/>

Housing/Shelter

- City of Rockford Human Services
815-987-5782
612 N. Church St., Rockford, IL
<https://rockfordil.gov/venue/3790/>
- Carpenter's Place
815-964-4105
1149 Railroad Ave., Rockford, IL
<https://www.carpentersplace.org/>
- Remedies (Domestic Violence)
815-962-0871
220 Easton Parkway, Rockford, IL
<https://www.remediesrenewinglives.org/contact/>
- Rockford Housing Authority
815-489-8500
223 S. Winnebago St., Rockford, IL
<https://rockfordha.org/>
- Rockford MELD-Trinity House
815-963-3369
620 Kishwaukee St., Rockford, IL
<http://www.rockfordmeld.org/>
- Rockford Rescue Mission
815-965-5332
715 W. State St., Rockford, IL
<https://www.rockfordrescuemission.org/>
- Rockford Township Assistance
815-962-8855
815-987-5685
119 N. Church St., Rockford, IL
<https://rockfordtownshipil.gov/general-assistance/>

- Shelter Care Ministries
815-964-5520
218 7th St., Rockford, IL
<https://shelter-care.org/>
- Winnebago County Housing Authority
815-963-2133
3617 Delaware St., Rockford, IL
<https://wchauthority.com/>

Illinois Department of Human Services

- Child Support Enforcement Services
800-447-4278
1114 Taylor St., Rockford, IL
<https://www.dhs.state.il.us/page.aspx?item=19612>
- Public Aid
815-987-7155
815-987-7313
815-987-7324
815-987-7445 (Spanish)
171 Executive Parkway #101 Rockford, IL
<http://www.dhs.state.il.us/page.aspx?module=12&officetype=&county=Winnebago>

Illinois Poison Center

- 800-222-1222

Legal Services

- Prairie State Legal
815-965-2902
<http://www.pslegal.org/>
- Zeke Giorgi Legal Clinic
815-962-9980

Mental Health/Counseling Services

- Remedies-Addiction & Treatment
815-962-0871
220 Easton Parkway, Rockford, IL
<https://www.remediesrenewinglives.org/contact/>
- Rockford Sexual Assault Counseling
815-962-6102
<http://www.rockfordsexualassaultcounseling.org/>
- Rosecrance-Addiction & Treatment
815-391-1000
3815 Harrison Ave., Rockford, IL
<https://rosecrance.org/>
- Rosecrance-Mental Health
815-391-1000
2704 N. Main St., Rockford, IL
<https://rosecrance.org/>
- SASS (mental health crisis intervention)
800-345-9049
<https://www.illinois.gov/hfs/MedicalProviders/behavioral/sass/Pages/sasshome.aspx>

- Youth Services Network
815-986-1947
107 N. 3rd St., Rockford, IL
<https://ysnkids.com/>

Mental Health/Counseling (medical card accepted)

- Family Counseling Services
815-962-5585
631 N. Longwood St. #103, Rockford, IL
<https://www.familycounselingrockford.org/>
- JC Gordon Counseling
815-243-0279
6072 Brynwood Dr., Rockford, IL
<https://www.jcgordoncounseling.com/contact.html>
- Resilience Counseling
815-543-2789
1330 E. State St. #4, Rockford, IL
<https://www.resiliencecounselingrockford.com/#!contact/ilgty>
- Riverside Counseling Center
815-201-2687
6653 Weaver Rd., Rockford, IL
<https://www.rscounselingcenter.com/>

Medical Services (Medical Card Accepted)

- Crusader Community Health
815-490-1600
1100 Broadway St., Rockford, IL
1215 N. Alpine Rd., Rockford, IL
1002 N. Pierpont Ave., Rockford, IL
1200 W. State St., Rockford, IL
6115 N. 2nd St., Loves Park, IL
<https://www.crusaderhealth.org/>
- Mercy Health
815-971-1999
- OSF St. Anthony
815-226-2000
- Swedish American
779-696-4400
- UI Health LP Johnson Family Health Center
815-972-1000
1221 E. State St., Rockford, IL

Secretary of State (DMV)

- Rockford Express
815-962-9482
3414 Auburn St., Rockford, IL
- Rockford Central
815-394-0179
3720 E. State St., Rockford, IL
- Rockford CDL
815-873-0134
4734 Baxter Rd., Rockford, IL

- Roscoe Express
815-623-9063
10631 Main St., Roscoe, IL

Smoking Cessation

- Illinois Tobacco Quitline
866-784-8937

Transportation

- First Transit
877-725-0569
Persons that receive the medical card may be eligible for free transportation to medical appointments. Call for more information and eligibility.
[https://www.illinois.gov/hfs/SiteCollectionDocuments/First Transit Trip Request %20Instructions.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/First%20Transit%20Trip%20Request%20Instructions.pdf)
- Rockford Mass Transit
815-961-9000
520 Mulberry St., Rockford, IL
<https://rmtd.org/>

Winnebago County Health Department-Health Clinic

- Immunizations
- Refugee Program
- STI
- Women's Health
815-720-4000
555 N. Court St., Rockford, IL
All clinic services by appointment only
<http://www.wchd.org/>

BOONE COUNTY RESOURCES

Adult Learning

- Rock Valley College-Main Campus (GED classes are all ONLINE)
815-921-4250
3301 N. Mulford Rd., Rockford, IL
<https://www.rockvalleycollege.edu/>

Childcare

- YWCA Child Care Solutions
815-547-5307
2200 W. Locust St. #1 Belvidere, IL
<https://www.ywcanwil.org/child-care-solutions/>

Disability Services

- Boone County RAMP
815-544-8404
530 S. State St. Suite 103 Belvidere, IL
<https://rampcil.org/contact.asp>

Employment

- Illinois Department of Employment Security (Located in Rockford, but serves Boone)
800-244-5631
303 N. Main St. Rockford, IL
<https://www2.illinois.gov/ides/Pages/default.aspx>
- The Workforce Connection
815-547-9616
530 S. State St. Belvidere, IL
<https://www.theworkforceconnection.org/>

Energy Assistance

- Boone County Salvation Army
815-544-3892
422 S. Main St. Belvidere, IL
<https://centralusa.salvationarmy.org/belvidere/>
- Two Rivers Regional Council (Serves Boone County)
217-244-8171
107 N. 3rd Quincy, IL
<https://www.trrcopo.org/>

Healthcare

- Boone County Health Department
815-544-2951
1204 Logan Ave. Belvidere, IL
<https://www.ywcanwil.org/child-care-solutions/>
- Crusader Community Health
815-547-0282
1050 Logan Ave. Belvidere, IL
<https://www.crusaderhealth.org/>

Housing

- Belvidere Family Thrift Store and Donation Center (one night overnight stay)
815-544-6013
616 Whitney Blvd. Belvidere, IL
<https://satruck.org/>
- The Belvidere Mission
815-547-8287
209 S. State Belvidere, IL
- Belvidere Township
815-544-9893
800 Fairgrounds Rd. Belvidere, IL
<http://belvideretownship.org/>
- Boone County Housing Authority
815-544-0084
2030 N. State St. Belvidere, IL
https://www.publichousing.com/details/boone_county_housing_authority

Illinois Department of Human Services

- Public Aid
815-544-3484
2090 Pearl St. Belvidere, IL
<https://www.dhs.state.il.us/page.aspx?>

Mental Health/Counseling

- Rosecrance-Mental Health/Addiction
815-391-1000
1625 S. State St. Belvidere, IL
<https://rosecrance.org/>
- Salvation Army-Addiction Services
815-544-3892
422 S. Main St. Belvidere, IL
<https://centralusa.salvationarmy.org/belvidere/>

Secretary of State

- DMV-Secretary of State
815-544-3895
425 Southtowne Dr. Belvidere, IL
<https://www.ilsos.gov/facilityfinder/facilityfinder?command=getFacilityDetails&facilityId=230>

Transportation

- Boone County Public Transportation
815-544-9893
2141 Henry Lucklow Ln. Belvidere, IL
<https://www.boonecountyil.org/page/public-transportation>