

Diane Gagliardi Enrichment Program

September 2021

Dear ECLC Alumni, P.R.I.D.E. and CPS Clients,

We hope you had a wonderful summer. We are excited to announce that the **Diane Gagliardi Enrichment (DGE) Program** will be in person!!! **Masks and proof of vaccination will be required.**

As a reminder, registration is on a **first come, first serve basis**; so be sure to register early. **The cost for the fall session is \$100.** We thank the ECLC Foundation for subsidizing this program.

Time: 6:30-8:00pm

Fall:

First Session: 10/06, 10/13, 10/20, 10/27

Second Session: 11/03, 11/10, 11/17, 12/01

Spring: (Registration info to follow)

First Session: 03/09, 03/16, 03/23, 03/30

Second Session: 04/06, 04/13, 04/27, 05/04

We are only registering for the Fall Session at this time. The Spring Session registration will be available later in the year. Payment should be included with registration. If there is a financial burden, please contact Mr. Killian so we may set up a payment plan. We do not offer scholarships. We no longer accept self-directed funds.

Please download and print the attached forms. Please mail to the ECLC Chatham Campus, care of Mr. Killian no later than September 17, 2021. Deadline is firm. Registrations will not be accepted after that date. If you do not wish to be disappointed, register on time! Forms will be taken off website after due date.

If traveling home via Access Link, be sure that the pick-up window does not extend beyond 8:00 PM. Please provide an Access Link ID # ONLY if you plan to use Access Link.

Sincerely,

Mr. Killian
Principal

Tara DiSturco
Evening Administrator

As a courtesy to our Chatham P.R.I.D.E. families, DGE participants may remain at P.R.I.D.E Center at the end of the day and receive transportation to Chatham Campus by P.R.I.D.E personnel.

Parents are responsible for prompt pick-up at 8:00 PM at ECLC Chatham Campus, 21 Lum Ave. P.R.I.D.E. charges a nominal Fee for this service. P.R.I.D.E. will notify and bill you directly.

DIANE GAGLIARDI ENRICHMENT PROGRAM REGISTRATION FORM
Fall 2021 SCHOOL YEAR - CHATHAM CAMPUS

(Please print all information clearly)

Participant Name _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

E-Mail Address _____

Access Link ID # _____ (Pick-up is at 8:00, at 21 Lum Avenue, Chatham)

**Mark your top four Course preferences with
#1, #2, #3 and #4.**

DIY Pinterest _____ (8 Week Course)	Dance/Exercise _____	Fun and Games _____
Karaoke _____	Diamond Painting _____ (8 Week Course)	Snack Attack _____
Art Club _____	Clients' Choice _____	Paint by Number _____

We will try to accommodate your **TOP TWO** preferred 4 Week Course selections.
Enrollment in a course is based on first come, first served registration.

Payment Enclosed _____ \$100/1 Fall Session (2 Courses)

Payment: No Cash. Self-directed funds are no longer a payment option.

Checks Payable To: ECLC FOUNDATION

Mail this Registration Form and attached Medical Form with payment enclosed to:

ECLC of New Jersey
Attn: Jason Killian
21 Lum Avenue
Chatham, NJ 07928

Forms must be mailed! Deadline: 9/17/21

Course Descriptions

DIY Pinterest

Instructor: Ms. McCaffrey

With a weekly Pinterest project as an inspiration, nurture individual creativity, encourage group collaboration and express new experiences in the arts.

Diamond Painting

Instructor: Ms. McGrath

Use diamond like facets to create colorful designs and patterns for finished designs that sparkle! This activity is based on the same concept as mosaics and paint by numbers.

Karaoke/Just Dance

Instructor: Ms. Scivoletti

You all know what this is! Come sing and dance to your favorite hits. It's where YOU can become the DJ!

Art Club

Instructor: Ms. Jacobi

Explore different mediums of art such as oil paints, tempera, etc.

Dance/Exercise

Instructor: Ms. Hudak

Complete Zumba-like line dance routines for exercise and fun!

Clients' Choice

Instructor: Ms. Farahar

Clients will choose from a variety of activities each week, including Bingo, Adult Coloring or Puzzles.

Fun and Games

Instructor: Ms. Cadogan

Test your skills by playing exciting board, dice, and card games with your friends.

Snack Attack

Instructor: Ms. Lasky

Make individual healthy snacks and take advantage of ECLC's professional kitchen to learn healthy recipes that are sure to send your tastebuds into overdrive!

Paint by Number

Instructor: Ms. Willard

Create stunning masterpieces through Paint by Number.

Please complete and return with PROOF OF VACCINATION

ECLC OF NEW JERSEY FOUNDATION –D.G.E. MEDICAL FORM

Participant Name _____

Address _____

Home Number _____ **Cell Number** _____

In the event of an emergency notify:

Name/Telephone Number

Name/Telephone Number

Do you have any food allergies? If yes, please list: _____

Do you have any other allergies? If yes, please list: _____

Do you have any medical conditions/problems, which we should know about? For example, heart problems, diabetes, seizures, asthma, etc. Please explain:

Do you carry emergency medication (inhaler, epipen, diastat, pills)? _____

I understand that in the event of an emergency requiring immediate medical intervention, ECLC of New Jersey will arrange for me to be taken to Overlook Hospital in Summit, NJ.

If you have a medical insurance provider, please list provider's name & policy number below.

Medical Insurance Provider's Name

Policy Number

Please sign below and, if you live with a parent or guardian, have them sign below as well.

Adult Student

Date

Parent/Guardian

Date

Alumni Activities COVID-19 SYMPTOM/RISK QUESTIONNAIRE

Name _____ will be screened by guardian on the questions below before attending each and every alumni event and will not attend DGE Night School and/or Socials if the answer is yes to any of the questions below.

Signature

Date

Please sign and return this form to Mr. Killian at jkillian@eclcofnj.org or by faxing to 973-701-1059 before attending the first event. (we only need this form submitted once)

NAME:		
1. In the past 24 hours, have you had any symptoms of fever such as chills, sweats, felt "feverish" or had a temperature of 100.4 degrees or higher?	YES	NO
2. In the past 24 hours, have you taken medicine to reduce fever?	YES	NO
3. Do you have any of these symptoms?		
Cough	YES	NO
Shortness of breath/difficulty breathing	YES	NO
Loss of taste or smell	YES	NO
Fever/chills/sweats	YES	NO
Body aches	YES	NO
Sore throat	YES	NO
Headache	YES	NO
Diarrhea	YES	NO
Nausea/vomiting	YES	NO
Nasal congestion/runny nose	YES	NO
4. In the past 14 days, have you travelled out of the country?	YES	NO