Dear Parents, Guardians and Members,

It is registration time for the Friday night Alumni Social Dances, held in the ECLC school gymnasium from 7-9 pm, and chaperoned by the parents/guardians of members, with one member of the ECLC faculty present at each dance. MEMBERSHIP IS FOR ALUMNI OF ECLC ONLY. GUESTS, INCLUDING SIBLINGS, CANNOT BE ACCOMMODATED.

Membership dues are \$100 to cover all costs. Telephone blasts will go out in advance of each dance. All members are to RSVP to Mrs. Greiff no later than 2 days of a dance.

Attached are registration, medical, behavior contracts and chaperone forms. Please complete <u>all forms</u>, with payment (checks payable to: ECLC Alumni Group) and mail to: Jason Killian, ECLC of NJ, 21 Lum Ave., Chatham, NJ 07928 on or before 9/15/24.

NO ONE WILL BE PERMITTED TO ATTEND THE DANCE UNLESS REGISTRATION, MEDICAL, BEHAVIOR CONTRACT, AND CHAPERONE FORMS HAVE BEEN RECEIVED. This is the only time to register. We cannot accept registration after the deadline. If alumnus does not plan to attend all dances, paperwork must still be completed by the deadline. Payment of \$15 per dance will then be paid at the door. If you do not wish your child to be disappointed, please be sure to register on time!

Thanks again to all those who have chaperoned in the past. Everyone needs to complete the attached chaperone form. Mrs. Greiff will contact all chaperones for assignments. Mrs. Greiff's contact information:sgreiff@eclcofnj.org or 908-370-6404.

The first Alumni Dance will be held on Friday, October 25, at ECLC (Chatham Campus). Remember to RSVP to Mrs. Greiff and if using Access Link, be sure to let her know that as well.

If you have any questions, please do not hesitate to email me at jkillian@eclcofnj.org.

Thank you and we look forward to another great dancing year!

Mr. Killian

RETURN ALL FORMS WITH PAYMENT

August 2024

alumni socials held each month for Parents/guardians who charising from his/her (member's) a ECLC does not have any m	rom October 2024 throus aperone and ECLC of NJ attendance at these soci edical or other facilities	, are released from any liability
Member's Full Name		Birth Date
Name of Parents/Guardian		
	Mother	Father
Address		
		Zip Code
Home #	Cell #	
IF USING ACCESS LINK – WE MUST	[HAVE IDENTIFICATION	NUMBER:
Parent/Guardian Signature	Memb	er's Signature
Check enclosed payable to ECI (PLEASE note – may not con They are 2 separate account	mbine check for Alumni	•
Behavior Contract Medical form Chaperone form		
Mail <u>all forms</u> and payment to:	Mr. Jason Killian, Prin ECLC of New Jersey 21 Lum Avenue	ncipal

Chatham, NJ 07928

ECLC OF NEW JERSEY – Behavior Contract 2024-2025

You must return this signed page with your registration material. Incomplete forms will be returned.

Client Behavior Contract

I agree that my behavior will be appropriate during the dances. I will stay within the chaperoned area at all times. I will follow chaperone rules or request immediately, and with no arguments. I will not take any photos on my cell phone or camera. My cell phone will be turned off during the dance. If I break this contract, I may be removed from the dance until my transportation arrives to take me home. These events are very important for all alumni.

Client Signature	

I agree to the Behavior Contract above and will comply with guidelines and decisions made by the Principal.

Parent Signature

In addition to the above, the following guidelines apply: Parents must read carefully!

- 1. All paperwork must be returned by due date 9/15/24, in order to attend dances.
- 2. Packets received after due date may be returned.
- 3. Unregistered alumni will not be permitted to enter the dance
- 4. Please take steps to insure that your child does not "show up" at dances, if they have not registered prior. They will be turned away.
- 5. If a member must be removed from a dance due to non-compliance with the behavior guidelines, you will be notified. After 3 serious infractions, we will refund unused membership fees to you and your child will not be permitted to attend the remaining dances.

Medical Form (Alumni Dances)

TO ALL ALUMNI MEMBERS, PARENTS, GUARDIANS

IMPORTANT INFORMATION REQUIRED

It is imperative for the safety of the participants that we know what medication they are on, dosage, time given and reason for medication. In the case of a medical emergency, this information is important.

Please know that the information provided will be kept confidential. Only ECLC staff will have access to this information and not the chaperones.

Please fill out the information below and return it with all the other forms to Jason Killian at ECLC on or before 9/15/24 Incomplete forms will be returned.

If no medication is taken, indicate "none" below, fill in the member's name and sign it.

Date:	Me	mber's name:		
Home Phone:		Cell #:		
Member's Date of Birtl	h:			
For each medication cu	rrently being taken,	please provide:		
Medication	Dosage	Times Given	Reason	
Person Completing For	m:			-
Relationship to Membe	er:			_

We rely on the cooperation of parents/guardians to help chaperone. It is this commitment on parents' part that allows the dances to continue. Seating assignments will be provided for those chaperones who request it.

CHAPERONE FORM

I/Wethe 2024-2025 year. I/have indicated our ava	/We understand we will be	chaperone an Alumni Social Group contacted for one of the dates for v	dance for which we
Please list the months	you are available:		
1 st Choice - 2 nd Choice -			
	referred method for contact time phoneevening p	_	
Name (s)		Email address	
Daytime phone		Evening phone	
Cell phone			
available to substitute	_	e, or live close to the school. Would If so, please indicate below:	l you be
If you are unable to ch	aperone at all, please expla	in below:	

ECLC ALUMNI DANCE CHAPERONE DUTIES

All Chaperones: Oversee the dance, observe member interactions

and behaviors to ensure a fun, safe, healthy environment for all, both in the gym and in the

cafeteria during meal time.

Doors: Ensure no members leave the gym, and no one enters

except through the one authorized door.

Snacks: Maintain availability of snacks.

Drinks: Maintain supply of beverages. Ensure only female

members visit rest room, returning to gym.

Men's Room Door: Ensure only one male member at a time visits the

men's room and returns to the gym, with no loitering

or wandering through the halls.

For All Duties: Please do not leave your assignment without asking

another chaperone to take over for you. It is essential

that all doors and refreshment assignments are covered throughout the duration of the dance.

ALUMNI DANCE SCHEDULE – 2024-2025

Due to the rising cost of postage, reminder notices will no longer be sent. Telephone blasts will be made a week before each dance. You will need to RSVP to Mrs. Greiff as you have always done. The telephone message will include the names of the chaperones as well.

Mrs. Greiff's contact information: 908-370-6404 - sgreiff@eclcofnj.org

Please post this notice so you will have the dates of the dances handy!

Dates

October 25

November 15

December 13

January 10

February 7

March 14

April 11

May 16

June 13