



**Worth Township *in partnership with*  
A.E.R.O. Special Education Cooperative**

**Welcomes you to attend**

**S.T.E.P.**

**(Systematic Training for Effective Parenting)**

***Presented by: Sue Sortino***

**(Please check one)**

**March 8, 2010 through April 12, 2010**

**or**

**April 19, 2010 through May 24, 2010**

**6:00 p.m. – 8:00 p.m. (Mondays)**

**at**

**Township of Worth Building  
11601 S. Pulaski Rd.  
Alsip, IL 60803**

**S.T.E.P. is a six week program to be held at the Worth Township Building (in the Youth Commission). Class will be held 6 consecutive weeks from 6:00 p.m. – 8:00 p.m. S.T.E.P. is attuned to feelings and encourages parents to set structure and to be consistent. Good communication and problem solving skills will be emphasized. The goal is to develop responsible children who understand loving limits, and the fact that their choices have consequences.**

- **Note:** If you live within the 12 A.E.R.O. Member School Districts: Summit #104, Willow Springs #108, Indian Springs #109, Central Stickney 110, Burbank #111, Ridgeland #122, Oak Lawn-Hometown #123, Evergreen Park #124, Argo H.S. #217, Reavis H.S. #220, Oak Lawn H.S. #229 & Evergreen Park H.S. #231 A.E.R.O. will sponsor your course for free. Advance registration is required. A.E.R.O. will register you.
- **To Register:** You must fill out the registration form on back and sign the Waiver of Claims, Release and Hold Harmless Agreement.
- **Mail to:** Barb Zachery at A.E.R.O. Center, 7600 S. Mason Ave., Burbank, IL 60459. If you have any questions please call Barb at 708-496-3330 ext. 122.

**WORTH TOWNSHIP YOUTH COMMISSION**  
**11601 South Pulaski Road**  
**Alsip, Illinois 60803**

**S.T.E.P.**  
**Registration Form**

**Please Print**  
**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_

**Cell Phone/Pager Number** \_\_\_\_\_

**Do you have any special needs that may require particular attention? Please include any allergic reactions.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Emergency Contact Person** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Do we have your permission to contact your doctor in case of emergency?** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

<b>Children's Names</b>	<b>Date of Birth</b>	<b>Age</b>	<b>School</b>	<b>Grade</b>
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**BOTH FORMS MUST BE COMPLETED BY REGISTRATION DATE**

**FOR OFFICE USE ONLY:**

**S.T.E.P. CLASS**    \$40.00 Resident-\$45.00 Resident Couple (will share book) - \$45.00 Non-Resident-\$50.00 Couple (will share book)

**Date** \_\_\_\_\_ **How Paid** \_\_\_\_\_ **Check Number** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_ **Balance Due** \_\_\_\_\_ **Receipt #** \_\_\_\_\_

**Referred By** \_\_\_\_\_ **Title** \_\_\_\_\_ **Agency** \_\_\_\_\_

# **WAIVER OF CLAIMS, RELEASE AND HOLD HARMLESS AGREEMENT**

**Please read this form carefully and know that in signing this agreement you will be waiving and releasing any and all claims for injuries you might sustain while participating in the program described below, and you will also be agreeing to reimburse WORTH TOWNSHIP for any claims that may occur as a result of you injuring anyone else in the course of your participation in this program.**

## **S.T.E.P. (Systematic Training for Effective Parenting)**

**As a participant in the WORTH TOWNSHIP S.T.E.P. Course, risks may include, but not limited to, all risks associated with a classroom setting and participating in a group setting in a public facility, and any other risk associated with the program.**

**I agree to waive and relinquish all claims I may have as a result of my participation in the program again WORTH TOWNSHIP, and its officers, agents and employees.**

**I agree to hold harmless and indemnify WORTH TOWNSHIP and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my spouse or I may have, or which may occur to us on account of my participation in the program.**

**I further agree to indemnify and hold harmless and defend WORTH TOWNSHIP and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses caused by myself or during the course of my participating in the activities of the program.**

**In the event of an emergency, I authorize WORTH TOWNSHIP officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any all medical services. I have read and fully understand the above Program Details, Waiver and Release of All Claims, Hold Harmless Agreement and Permission to Secure Treatment.**

**I hereby release the Worth Township Youth Commission, Worth Township and its employees from any claims, which might arise from injuries, incidents, and accidents beyond their control. In case of accident, I give Worth Township Youth Commission and its employees permission to provide such medical assistance by properly qualified persons as may be required.**

**Participant's Name \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**