Please Return with Payment

Name _____

School _____

Grade _____

Adult Shirt Size _____

Please place me in a group with:

_____

KIRBY SCHOOL DISTRICT #140

BREAKTHROUGH

February 10, 2023

REGISTRATION

NAME _____ AGE _____ GRADE _____ SEX _____
(LAST) (FIRST)

ADDRESS _____ PHONE _____
(STREET)

_____
(CITY) (ZIP)

PARENT/GUARDIAN _____ PARENT WORK # _____

Other than parent/guardian, indicate relative/friend to contact in the event of an emergency:

NAME _____ RELATIONSHIP _____ PHONE _____

Any limitations to physical activities? _____

Any known allergies, including medications? _____

Are you presently taking a prescribed medication? _____

If yes, what and how often? _____

NOTICE: Students bringing prescribed medication to Breakthrough must have appropriate authorization on file in the school office. (See Parent/Student Handbook). All medications (prescribed and over-the-counter) brought to Breakthrough must be turned into the health clerk at registration. These medications must be in their original containers.

PARENTAL CONSENT FOR BREAKTHROUGH

My son or daughter has permission to take part in Breakthrough at Prairie View Middle School, 8500 W. 175th Street on Friday, February 10, 2023 from 5:00 pm until 9:00 pm. Students are expected to follow the sponsor's directions and abide by all the rules of behavior that apply when on the school campus. Students will be subject to disciplinary action for any infractions of the rules. The school district's insurance does not cover the personal property of parents, sponsors, chaperones, or students while they are in attendance at Breakthrough. Parents are responsible for arranging transportation home within 15 minutes from the time Breakthrough is concluded.

Signature of parent or guardian _____

Make checks in the amount of $30.00 payable to Kirby School District #140.
Payments are non-refundable after Wednesday, February 1st.

Has this student ever attended a Breakthrough before?

_____ yes _____ no

MEDICAL RELEASE

I will release any information requested of me in regards to _____

(participant's name)

in the event of any emergency to the Breakthrough staff nurse, and in doing so I also give my permission to seek medical aid. I further agree that should the nurse be unable to contact me, medical aid may be sought in the event of any emergency and I will cover any financial responsibilities incurred. I will not hold the nurse or staff of Breakthrough liable for any injury or damage except in case of proven negligence. I have completed the necessary information requested for my child and agree to the medical release.

Parent/Guardian _____ Relationship _____

PLEASE KEEP FOR YOUR RECORDS

Breakthrough:

- a night long retreat sponsored by School District #140 for students and staff of KSD 140
- founded on the belief that with accurate information and an understanding of oneself, every person has the ability to make sound decisions regarding his or her life
- a program focusing on prevention through education and emotional growth by promoting personal and social development
- a program emphasizing teens helping teens

Program Overview

Information is presented in large group general sessions. After each general session participants meet in their small group to discuss the information and its implications on their lives. The small group meets throughout the evening, and it is here where many thoughts and feelings are shared. Each small group is co-facilitated by trained adults and teens. The event concludes with a dance party that promotes fun without the use of drugs or alcohol.

The topics presented include communication skills, decision making, problem solving, peer pressure, drug and alcohol information, and positive mental attitude.

Participants

Participants must agree to follow all Breakthrough rules. They must be willing to follow the schedule of activities, to attend all of the sessions, and to participate in the program for its duration. Participants should NOT be in need of emotional or substance abuse treatment. Breakthrough is a prevention program. It does NOT provide therapy/counseling.

Facilities

Breakthrough will be held at Prairie View Middle School 8500 W. 175th Street, Tinley Park. Participants should arrive at Prairie View Middle School at 5:00 pm. The event will conclude at 9:00 pm.

In case of emergency, the Breakthrough staff can be reached at 708-532-8540. Visitors will not be allowed during the event.

Fees

The total cost for the day is $30.00. **Make checks payable to Kirby School District #140.** This fee includes food, workshop materials, T-shirt, and presenters.

DO NOT BRING

- iPad/tablet and cell phones-there will be no place to lock these up.
- Anything expensive
- Money
- Food, candy or gum
- Anything illegal!

For further information contact:

Kristin Malinowski (PV) & Katie Ryan(Grissom)
Adult Directors
Prairie View/Grissom Middle School
PV: 708-532-8540 Grissom: 708-429-3030

To register for Breakthrough, return the registration form to PV or Grissom Middle School office by Wednesday, February 1st.

Space is limited and will be reserved in the order that registration forms are received. When space is full, no waiting list will be created.

This year's Breakthrough event will take place at Prairie View Middle School. Please remember to drop off and pick up your child at Prairie View Middle School on the day of the event.