



&

RELATED CHILD☐ YES ☐ NO

HOW IS CHILD RELATED TO CHILD CARE PROVIDER

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?	WRITE ANY COMMENTS, CHANGES, OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES
MONDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CACFP REQUIREMENT
CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY☐ BREAKFAST ☐ MORNING SNACK ☐ LUNCH ☐ AFTERNOON SNACK ☐ SUPPER ☐ EVENING SNACK ☐ NONE**CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY**

<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

(LIST CHILDCARE FACILITY NAME HERE)

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS

A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.	PARENT/GUARDIAN INITIALS
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOME OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS

H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS
PARENT'S/GUARDIAN'S SIGNATURE			DATE
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
<p style="text-align: center;">USDA Nondiscrimination Statement</p> <p>For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:</p> <p>In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:</p> <ol style="list-style-type: none"> 1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) Fax: (202) 690-7442; or 3) Email: program.intake@usda.gov. <p>This institution is an equal opportunity provider.</p>			



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

- ☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.
- ☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@desse.mo.gov.



Acknowledgements & Consents

Guardian Initials

A	Is your child allowed to swim? (Yes / No)	
B	Is your child allowed to use the internet at GSGBC? (Yes / No)	
C	Is your child allowed to use video games at GSGBC? (Yes / No)	
D	I consent and give permission to allow GSGBC the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating at GSGBC programs or events. (Yes / No)	
E	I consent to and give permission for my child to participate in the GSGBC tutoring program. (Yes / No)	
F	I consent to and give permission for my child to participate in the GSGBC Trauma-Informed programming. (Yes / No)	

Additional Information:

1. Please list any behavior or emotional concerns you have for your child.

2. Please list any school-related concerns you have for your child.

3. Does your child currently receive treatment for any of the above-listed concerns?

4. Has your child received counseling/psychiatry in the past?

5. Please select 3 or more of the following coping skills that could help your child when experiencing difficult emotions: (select all that apply)

☐ Deep breathing

☐ Count to ten

☐ Talk to someone

☐ Go outside

☐ Listen to music

☐ Stress balls/fidgets

☐ Color/Draw

☐ Positive self talk

☐ Read a book

☐ Physical activity

6. What are some situations that might trigger difficult emotions for your child?

Parent/Guardian Signature

Date



GENE SLAYS GIRLS AND BOYS CLUB OF ST. LOUIS ENROLLMENT FORM – ADDENDUM TO MISSOURI FORM

MEMBER INFORMATION

<u>CIRCLE PARENT MILITARY STATUS:</u>			<u>SCHOOL CHILD ATTENDS</u>	<u>GRADE LEVEL</u>	<u>PRIMARY LANGUAGE</u>
CURRENT	PRIOR SERVICE	N/A			
<u>CIRCLE GSGBC LOCATION:</u>			<u>CIRCLE RELATIONSHIP TO CHILD:</u>		
DUTCHTOWN	SOULARD		GUARDIAN	PARENT	OTHER: _____
<u>CIRCLE CHILD'S RACE:</u>				<u>CIRCLE CHILD'S ETHNICITY:</u>	<u>AFTERSCHOOL OR SUMMER PROGRAM:</u>
AMERICAN INDIAN/ALASKA NATIVE		BLACK/AFRICAN-AMERICAN		HISPANIC OR LATINO	AFTERSCHOOL
ASIAN		NATIVE HAWAIIAN/PACIFIC ISLANDER		NOT HISPANIC OR LATINO	SUMMER PROGRAM
CAUCASIAN/WHITE		BIRACIAL/ MULTIRACIAL			

FAMILY INFORMATION

<u>PRIMARY PARENT/GUARDIAN EMPLOYMENT STATUS: (Circle all that apply)</u>					
FT EMPLOYED	FT STUDENT	PT EMPLOYED	PT STUDENT	UNEMPLOYED	
INSURANCE:					
<u>SECONDARY PARENT/GUARDIAN EMPLOYMENT STATUS: (Circle all that apply)</u>					
FT EMPLOYED	FT STUDENT	PT EMPLOYED	PT STUDENT	UNEMPLOYED	
INSURANCE:					

SUPPLEMENTAL INFORMATION

<u>HOUSEHOLD SETTING: (Circle)</u>				<u># INDIVIDUALS IN HOME</u>	<u># UNDER 18 IN HOUSEHOLD</u>
MOTHER ONLY	FATHER ONLY				
BOTH GUARDIAN(S)	GRANDPARENTS	SIBLINGS	AUNT/UNCLE		
<u>PRIMARY GUARDIAN EDUCATION LEVEL: (Circle)</u>					
LESS THAN HIGH SCHOOL		HIGH SCHOOL/GED		2 YR DEGREE	
4 YR DEGREE		TRADE/TECH SCHOOL		SOME COLLEGE	
				POST GRAD	
<u>SECONDARY GUARDIAN EDUCATION LEVEL: (Circle)</u>					
LESS THAN HIGH SCHOOL		HIGH SCHOOL/GED		2 YR DEGREE	
4 YR DEGREE		TRADE/TECH SCHOOL		SOME COLLEGE	
				POST GRAD	
<u>DOES YOUR CHILD RECEIVE FREE/REDUCED-PRICE LUNCHES AT SCHOOL?</u>				<u>DOES YOUR CHILD RECEIVE MEDICAID?</u>	
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>HOUSEHOLD INCOME: (Circle)</u>					
\$0-9,999 \$10,000-14,999 \$15,000-\$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000+above					

HIGHLIGHTED FIELDS INDICATE REQUIRED INFORMATION; ENROLLMENT FORMS WILL NOT BE ACCEPTED IF REQUIRED FIELDS ARE NOT COMPLETED IN ENTIRETY



ARCHS' Media Release Form (Minors)

ARCHS provides this media release form in connection with its efforts to promote its programs in order to assist in securing additional funding, resources, and expertise.

I, as the parent or guardian, grant to ARCHS the right to take and use photographs, audio recording, videos, and online communications (including Zoom) of my minor child (under the age of 18) in connection with the child's experiences with ARCHS.

I authorize ARCHS, its assigns and transferees, and all persons acting under its permission or authority, to copyright, use, and publish the same in print and/or electronically.

I agree that ARCHS may use such photographs, audio recordings, videos, or online communications for any lawful purpose including, but not limited to, marketing materials, newsletters, websites, social media, and/or any other advertisements or promotions ARCHS may decide to develop, now or in the future.

I hereby release and discharge the above, its assigns and transferees, and all persons acting under its permission or authority, from and against any liability that may occur in the taking of photographs, audio recordings, and videos, or reproductions of the finished products.

I certify that I am the legal parent/guardian of the child listed below, I have read the above release, and I fully understand its contents: (CIRCLE)

I CONSENT

I DO NOT CONSENT

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Minor Child's Name: _____

Date: _____

Authorized Pick-Up List

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center. If an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual.

Parent/Guardian Signature _____

Child's Name _____

Please Print:

Name	Relation to Child	Phone (Home, Work, Cell)
------	-------------------	--------------------------

Name	Relation to Child	Phone (Home, Work, Cell)
------	-------------------	--------------------------

Name	Relation to Child	Phone (Home, Work, Cell)
------	-------------------	--------------------------

Name	Relation to Child	Phone (Home, Work, Cell)
------	-------------------	--------------------------

Name	Relation to Child	Phone (Home, Work, Cell)
------	-------------------	--------------------------

These people are NOT allowed to pick up my child. PLEASE NOTE: A copy of the court decision for custody cases MUST be on file in order for the program NOT to release a child to his/her non-custodial parent.

Name	Relation to Child	Address
------	-------------------	---------

Name	Relation to Child	Address
------	-------------------	---------

**GENE SLAY'S GIRLS & BOYS CLUB OF
ST. LOUIS
PARENT/GUARDIAN AGREEMENT**

PLEASE SIGN AND RETURN WITH MEMBERSHIP
APPLICATION

- Parent/Guardian will pay Gene Slay's Girls & Boys Club the agreed upon fee by the stated due dates.
- Policies and terms shall be effective from the time of initial enrollment through the duration of the defined Program.
- GSGBC reserves the right to terminate enrollment without notice should a child or family's presence jeopardize the health, safety, or well-being of other children, families, or staff.
- Parent/Guardian represents and warrants that he/she has provided full and accurate information to the Club on all registration forms completed in connection with enrollment.
- Parent/Guardian further represents and warrants that he/she has read and understands the policies and procedures set forth in this Parent Guide and shall abide by them, as now or hereafter amended.
- Parent/Guardian understands that the distribution of medications and/or the special needs of a member will be evaluated on a case-by-case basis.
- Parent/Guardian acknowledges that members are not allowed to leave any campus for any purpose other than to return home.
- GSGBC reserves the right to request member's report card at any time.
- Parent/Guardian agrees that he/she will not hold GSGBC, its directors, officials, agents, employees, and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided
- Parent/Guardian understands that all-day members of the Summer Program are encouraged to attend 3 or more times per week. *Membership may be suspended for inadequate attendance.*
- Parent/Guardian shall indemnify the Gene Slay's Girls & Boys Club of St. Louis, the Corporation, its directors, officers, agents, and employees harmless from any loss or liability incurred as a result of his/her breach of any representation or obligation of Parent/Guardian under this agreement.

I _____ have received, read, and understood the
PARENT/GUARDIAN PRINTED NAME

information contained in the Gene Slay's Girls & Boys Club of St. Louis Parent and Member Orientation Guide. My child and I agree to abide by the rules and regulations of the Gene Slay's Girls & Boys Club of St. Louis. I understand that I will be notified at once in case of an accident or illness to my child, and I will arrange for medical care of my child with the physician or hospital of choice. For emergency medical treatment, I understand that my child will be transported to the nearest hospital via ambulance.

Parent/Guardian Signature: _____ Date: _____

**GENE SLAY'S GIRLS & BOYS CLUB OF
ST. LOUIS
MEDIA RELEASE**

PLEASE SIGN AND RETURN WITH MEMBERSHIP
APPLICATION

I understand and agree that GSGBC reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant GSGBC, its agents, and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes.

I acknowledge that I am over the age of eighteen (18) years and that I have carefully and completely read and understand the terms contained in this release and waive legal liability and voluntarily accept and agree to all such terms.

Agree: ☐ Yes ☐ No

Name of Member: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____