Gene Slay's Boys' Club of St. Louis Since 1929

Summer Program 2016
Membership Application

(NEW MEMBERS)

ENROLLMENT CHECKLIST

Please be aware of these important dates:

June 6, 2016	Summer Program 2016 begins.
July 29, 2016	Last day of Summer Program.
July 4, 2016	*Closed for Holiday*

For *new* members having completed:

Grades K - 6:

Membership Fee ($45) ☐

Completed Membership
Application ☐

Signed Parent/Guardian
Agreement ☐

Latest Report Card ☐

Permission to Test Form ☐

Birth Certificate
(6 & 7 Year Olds ONLY) ☐

Grades 7 & 8:

Membership Fee ($45) ☐

Completed Membership
Application ☐

Signed Parent/Guardian
Agreement ☐

Latest Report Card ☐

ALL DOCUMENTATION/FEES LISTED ABOVE MUST BE SUBMITTED BEFORE APPLICATION WILL BE ACCEPTED.

PLEASE NOTE: If your child experiences asthma or allergies, an EpiPen or inhaler must be on site **before** your child can attend the Summer Program.

Gene Slay's Boys' Club of St Louis
2524 S. 11th Street
St. Louis, MO 63104
(314) 772-5661

Gene Slay's **Boys' Club** of St. Louis *Since 1929*

SUMMER 2016 MEMBERSHIP APPLICATION

Member Information (Child):

First Name: Middle:	Last Name
Has your child attended GSBC before? (Please Check)	Yes___ No___
Pick Up Password:	
Birth Date: Age: Gender:	Ethnicity:
School:	Grade Level Completed:
Does your child have an Individualized Education Plan (IEP)?	Yes ___ No ___
Shoe Size: Shirt Size: XS S M L XL Youth___ Adult___	

Head of Household (Parent/Guardian):

First Name:	Last Name:	Gender (Please Circle): M / F
Address:		
City:	State:	Zip Code:
Home Phone Number: ( ) -	Cell Phone Number: ( ) -	
Work Phone Number: ( ) -	Email Address:	
Employer:	Family Size:	
Family Income (Please Circle): $0 - $9,999 $10,000-$14,999 $15,000-$19,999 $20,000-$29,999 $30,000-$49,999 $50,000-$99,999		
List your other children who attend GSBC:		
Family Setting: Biological ___ Adoptive ___ Grandparents ___ Foster ___ Other ___		

Other Parent/Guardian:

First Name:	Last Name:	Gender (Please Circle): M / F
Address:		
City:	State:	Zip Code:
Home Phone Number: ( ) -	Cell Phone Number: ( ) -	
Work Phone Number: ( ) -	Email Address:	
Employer:		

*This information is very helpful to us for future funding:

Does your child receive Free or Reduced-Price Lunches at school?	Yes ___ No ___
Does your child receive Medicaid?	Yes ___ No ___

Medical Information

Where does your child go for basic medical services? Primary Care Physician___ Clinic___ Hospital___
Physician/Clinic/Hospital Name:
Primary Insurance Company:
Does your child see a dentist at least once a year? Yes___ No___

Medical Diagnosis(s) (Please Check):

ADD ___	ADHD ___	Autism ___	Asperger's ___	Other (Please List):
Asthma ___		Allergies (Please List): _____		

Please list any medications child takes:

PLEASE NOTE: Gene Slay's Boys' Club does not employ a registered nurse and therefore does not administer medication to children. If medication *must* be administered during a child's visit to the facility, written permission must be granted by Summer Program Director.

Comments on Child's Development:

Please list any personal development issues, behaviors, habits, or individual needs that GSBC needs to be aware of when in custody of your child:

The Gene Slay's Boys' Club is not a behavioral facility and therefore does not offer one-on-one assistance to members who may require it.

Pick Up/Emergency Contact Information (Two Additional Persons Authorized to Take Child From Facility):

Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Home Phone Number: ( ) -		Cell Phone Number: ( ) -		
Emergency Contact?	Yes_____	No_____		
Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Home Phone Number: ( ) -		Cell Phone Number: ( ) -		
Emergency Contact?	Yes_____	No_____		

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 arrangements, or in a critical emergency requiring medical care, I authorize Gene Slay's Boys' Club to contact Cardinal Glennon Children's Medical Center.

Please Initial: _____

Photo, Video and Audio Consent and Release:

By initialing below, I consent and give permission to allow GSBC the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating at GSBC programs or events.

Please Initial: _____

Permission for Member (Please Check):

| Is your child allowed to swim?	Yes _____	No _____
*** Children will <u>never</u> be allowed in the pool area without a lifeguard on duty. Members are *required* to participate in swimming lessons during the summer program. If a legitimate reason prevents a child from participating in swimming lessons, written exemption must be granted by Summer Program Director.		
Is your child allowed to use the Internet in the GSBC Library?	Yes _____	No _____
Is your child allowed to use the video games at GSBC?	Yes _____	No _____
Members 13 or older: Do you give permission for your child to walk home unaccompanied?		
	Yes _____	No _____
Children under age 13 are NOT allowed to leave the facility unattended.		

Let us know! How did you hear about us? _____

By signing below, I agree to all terms and conditions of this application.

Parent/Guardian Signature: _____ **Date:** _____
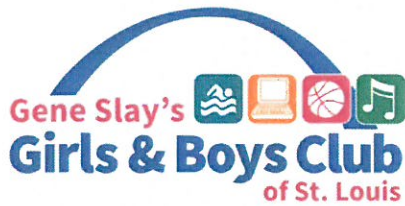
RE: Free Tutoring for Your Child

Dear Parent(s) or Guardian(s):

Gene Slay's Boys and Girls Club is dedicated to helping your child succeed, both in school and in life. We believe in providing the highest quality of learning for every child. To meet this goal, we have adopted two academic approaches to reading instruction. One of these programs is known as *The MindPlay Virtual Reading Coach*. This is a computerized reading program providing students with direct, explicit, and systematic instruction. It is known to improve students' reading performance by assessing reading abilities and differentiating lessons and activities.

The MindPlay Virtual Reading Coach contains a skills assessment that aligns very closely to the standards based testing. *RAPS 360* is the 100% computerized diagnostic reading assessment program within *MindPlay* that automatically tests and diagnoses basic reading skills and weaknesses for a single student. In just 5 to 30 minutes, *MindPlay's RAPS 360* pinpoints deficiencies in a child's reading skills.

The other reading instructional program at GSGBC is known as *Blueprint to Reading Success*. This is a consistent, flexible, individualized tutoring program aligned with national reading standards. Tutoring, in this program, is based upon research identifying the most common difficulties in reading throughout the country. This program provides additional support beyond the core curriculum. Children needing supplemental instruction/intervention will be monitored frequently to ensure the child meet grade level expectations.

Our screening tool for *Blueprint to Reading Success* is *Gates-MacGinitie Reading Tests*. The *Gates-MacGinitie Reading Test* is a developmentally appropriate, multiple-choice, diagnostic tool used nationally to help identify a child's level of reading achievements. It, also, identifies a child that needs additional individual diagnosis and special instruction.

Steps for reading instruction and intervention are:
1. Your child will receive an initial testing through *MindPlay RAPS 360.*
2. After this assessment, a score is assigned. If your child falls in the *approaching* area with *RAPS 360,* your child will receive additional reading instruction through the *MindPlay Virtual Reading Coach.* However, if your child falls in the *critical* area of the assessment, a letter will be sent home requesting your permission for additional testing with the *Gates-MacGinitie Reading Tests.*
3. After testing with the *Gates-MacGinitie Reading Tests,* an individual diagnosis is provided determining your child's level of reading.
4. This diagnosis will assist in identifying your child's area of weakness in reading thus qualifying him/her for individualized tutoring under the Blueprint for Reading Success. This information will be made available to you.

5. In order to obtain the desired results from the Blueprint for Reading Success Program, it is required that your child attend the tutoring sessions for 15-30 minutes per day, 4 days per week. Your child's tutoring time schedule will be provided to you. These sessions are done in conjunction with the homework hour.

All participating children will be monitored weekly. Data from the assessment tools and a variety of other sources will help us provide your child with the best instruction. This information and assessment results will be kept confidential. Also, all reading assessments are performed by Missouri State Certified Educators, only.

If you would like your child to participate in the program, talk about it with him. If he is comfortable with the idea of having a tutor, please grant our permission to proceed with further testing and tutoring by signing below.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

Shirley White

I give permission for my child, _____,
to participate in the *Blueprint to Reading Success* Program at Gene Slay's Boys Club of St. Louis. I understand the nature and rules of the club's tutoring efforts and reserve the right to withdraw my child from the program at any time. If needed, I give permission for my child's school records to be released to the GSBC's Instructional Support Team in order to best support my child's achievement. I, also, give permission for my child to be assessed to help determine the best instructional plans for my child.

All information gathered about the effect of the relationship of my child's school performance is strictly for the purposes of evaluating the program's effectiveness. This information, my child's school academic reports and assessment results will be kept confidential.

_____   _____
Parent/Guardian Signature   Date

GENE SLAY'S GIRLS AND BOYS CLUB OF ST. LOUIS
PARENT/GUARDIAN AGREEMENT
PLEASE SIGN AND RETURN WITH MEMBERSHIP APPLICATION

1. Parent/Guardian will pay Gene Slay's Girls and Boys Club of St. Louis a non-refundable registration fee of $45.00 per child for the After-School Program, $20.00 per child for the After-School Program (Fall Term Only), and/or $45.00 per child for the Summer Program.

2. Policies and terms shall be effective from the time of initial enrollment through the duration of Program.

3. The Program reserves the right to terminate enrollment without notice should child's or family's presence jeopardize the health, safety, or well-being of other children, families or staff.

4. Parent/Guardian represents and warrants that he/she has provided full and accurate information to the Program on all registration forms he/she has completed in connection with his/her child's enrollment.

5. 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.

6. Parent/Guardian shall indemnify the Program, 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.

7. Parent/Guardian understands that medications and disabilities will be evaluated on a case by case basis.

8. Parent/Guardian acknowledges that members are no longer allowed to leave for any other purpose than to return home. Visits to Big Daddy's or Vincent's are no longer allowed during either Program.

9. GSGBC reserves the right to request member's report card at any time.

10. Parent/Guardian understands that all-day members of the Summer Program are encouraged to attend 3 or more times per week. In addition, *all* members are required to participate in swimming lessons (unless otherwise exempt per Youth Services Program Manager) during the Summer Program.

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

the Gene Slay's Girls and 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 and Boys Club of St. Louis.

_____   _____

PARENT/GUARDIAN SIGNATURE   **Date**

_____

GSGBC MEMBER'S NAME