|  |
| --- |
| **OFFICE USE ONLY** Count \_\_\_\_\_  Date: New\_\_\_ Returning\_\_\_  All Day\_\_\_ Afternoon\_\_\_ Evening \_\_\_  KidTrax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID \_­­\_\_\_\_\_\_ |

**Gene Slay’s Boys’ Club of St Louis**

**2524 S. 11th Street**

**St. Louis, MO 63104**

**(314) 772-5661**

**SUMMER 2018 MEMBERSHIP APPLICATION**

**CURRENT AFTER-SCHOOL PROGRAM MEMBERS ONLY**

**Member Information (Child):**

First Name: Middle: Last Name

Birth Date: Age: Gender: Ethnicity:

School: Grade Level Completed:

Shoe Size: Shirt Size: XS S M L XL Youth\_\_\_\_ Adult\_\_\_\_

**Permission for Member (Please Check):**

Is your child allowed to swim? Yes \_\_\_\_\_ No \_\_\_\_\_   
  
\*\*\* Children will never 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.***

**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.** |

**PLEASE SEE BACK OF THIS SHEET TO UPDATE PARENT CONTACT/PICK-UP INFORMATION ONLY IF IT HAS CHANGED.**

**By signing below, I agree to all terms and conditions of this application and that all information provided is correct and up to date.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**PLEASE UPDATE ONLY IF THIS INFORMATION HAS CHANGED.**

**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:

**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\_\_\_\_\_