



**GENE SLAYS GIRLS AND BOYS CLUB OF ST. LOUIS
SUMMER CAMP 2019 CHILD CARE ENROLLMENT FORM**



CHILD NAME	GENDER	DOB	START DATE	KID TRAX # (office)
ADDRESS (STREET, CITY, STATE, ZIP)				
SCHOOL		GRADE LEVEL	SLPS #	

FAMILY INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE	CELL PHONE
ADDRESS (STREET, CITY, STATE, ZIP; CHECK IF SAME AS ABOVE <input type="checkbox"/>)		EMAIL
EMPLOYER/SCHOOL NAME & STREET ADDRESS		WORK/SCHOOL PHONE
FATHER'S/GUARDIAN'S NAME	HOME PHONE	CELL PHONE
ADDRESS (STREET, CITY, STATE, ZIP; CHECK IF SAME AS ABOVE <input type="checkbox"/>)		EMAIL
EMPLOYER/SCHOOL NAME & STREET ADDRESS		WORK/SCHOOL PHONE
OTHER FAMILY MEMBERS IN THE HOME:		

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS
ADDRESS (STREET, CITY, STATE, ZIP)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS
ADDRESS (STREET, CITY, STATE, ZIP)		

SUPPLEMENTAL INFORMATION (FOR GRANT AND FUNDING PURPOSES)

HEAD OF HOUSEHOLD EDUCATION LEVEL (CIRCLE ONE)	LESS THAN HIGH SCHOOL	HIGH SCHOOL/GED	2 YEAR DEGREE	4 YEAR DEGREE
TRADE/TECH SCHOOL	SOME COLLEGE	POST GRAD		
OTHER PARENT EDUCATION LEVEL (CIRCLE ONE)	LESS THAN HIGH SCHOOL	HIGH SCHOOL/GED	2 YEAR DEGREE	4 YEAR DEGREE
SCHOOL	SOME COLLEGE	POST GRAD		
DOES YOUR CHILD RECEIVE FREE/REDUCED-PRICE LUNCHES AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	DOES YOUR CHILD RECEIVE MEDICAID? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HOUSEHOLD INCOME (CIRCLE ONE)	\$0-9,999	\$10,000-14,999	\$15,000-\$19,999	\$20,000-\$29,999
	\$30,000-\$49,999	\$50,000 and above		

ADDITIONAL INFORMATION FOR CHILD

ANY IMPORTANT NOTES ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS & INDIVIDUAL NEEDS)

CACFP REQUIREMENT	CHILD'S PROJECTED ATTENDANCE SCHEDULE/EXPECTED VARIATIONS
	WHAT DAYS WILL THE CHILD ATTEND? (CIRCLE ALL THAT APPLY) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
	PLEASE WRITE ANY COMMENTS ON VARIATIONS IN SCHEDULE HERE:
CACFP REQUIREMENT	WHAT MEALS WILL YOUR CHILD USUALLY BE GIVEN AT THIS FACILITY? (CIRCLE ALL THAT APPLY)
	BREAKFAST MORNING SNACK LUNCH AFTERNOON SNACK SUPPER EVENING SNACK NONE

CACFP REQUIREMENT	I UNDERSTAND THAT I WILL BE NOTIFIED IMMEDIATELY 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 MOMENT REQUIRING IMMEDIATE MEDICAL CARE, I AUTHORIZE GENE SLAY'S GIRLS AND BOYS CLUB OF ST. LOUIS TO CONTACT THE FOLLOWING:	
	PHYSICIAN OR CLINIC NAME	PHONE NUMBER
	PREFERRED HOSPITAL NAME	PHONE NUMBER

PERMISSION TO LEAVE (FOR MEMBERS OVER 13 ONLY)

ACTIVITY	LOCATION	
METHOD OF TRANSPORTATION	TRANSPORTED BY	
DATE OF ACTIVITY	DEPARTURE TIME	TIME OF RETURN
PERMISSION EFFECTIVE FROM: TO:	SIGNATURE	DATE



ACKNOWLEDGEMENTS & CONSENTS

A	I received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.	GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	GUARDIAN INITIALS
D	When my child is ill, I understand and agree that they may not be accepted for care or remain in care.	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 for immunizations.	GUARDIAN INITIALS
F	I DO / DO NOT (CIRCLE ONE) give permission for my child to participate in field trips/excursions. I understand that I will be notified in advance when they are planned.	GUARDIAN INITIALS
G	I DO / DO NOT (CIRCLE ONE) give permission for the facility to transport my child.	GUARDIAN INITIALS
H	Is your child allowed to swim? (YES/NO)	GUARDIAN INITIALS
I	Is your child allowed to use the Internet in the GSGBC Library? (YES/NO)	GUARDIAN INITIALS
J	Is your child allowed to use the video games at GSGBC? (YES/NO)	GUARDIAN INITIALS
K	Members 13 or older: Do you give permission for your child to walk home unaccompanied? (YES/NO)	GUARDIAN INITIALS
L	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.	GUARDIAN INITIALS
M	I consent to and give permission for my child to participate in the GSGBC tutoring program.	GUARDIAN INITIALS
N	I consent to and give permission for my child to participate in the GSGBC Trauma-Informed Programming.	GUARDIAN INITIALS
O	I give permission for my child to ride the bus from Peabody Elementary to GSGBC.	GUARDIAN INITIALS
P	I give permission to GSGBC to receive MAP Scores from Peabody Elementary.	GUARDIAN INITIALS
PARENT/GUARDIAN SIGNATURE		DATE

MEDICAL INFORMATION

<input type="checkbox"/> MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS	
<input type="checkbox"/> MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW	
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.	
PLEASE LIST ANY BEHAVIORAL OR EMOTIONAL CONCERNS YOU HAVE FOR YOUR CHILD:	
PLEASE LIST ANY SCHOOL-RELATED CONCERNS YOU HAVE FOR YOUR CHILD:	
DOES YOUR CHILD CURRENTLY RECEIVE TREATMENT FOR ANY OF THE ABOVE LISTED CONCERNS:	
HAS YOUR CHILD RECEIVED COUNSELING/PSYCHIATRY IN THE PAST?	
PARENT/GUARDIAN SIGNATURE	DATE

WE WILL BE CLOSED THE FOLLOWING HOLIDAYS: PRESIDENTS DAY, EASTER, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, COLUMBUS DAY, VETERANS DAY, ELECTION DAY, THANKSGIVING & CHRISTMAS DAY.