**MEMBER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD NAME | | GENDER | DOB | RACE/ETHNICITY | |
| PRIMARY LANGUAGE | SCHOOL | | | | GRADE LEVEL |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | | | |

**FAMILY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRIMARY GUARDIAN’S NAME | | PRIMARY PHONE | | | SECONDARY PHONE |
| ADDRESS (STREET, CITY, STATE, ZIP; CHECK IF SAME AS ABOVE ) | | | | EMAIL | |
| **EMPLOYMENT STATUS:** (Circle all that apply)  FT EMPLOYED FT STUDENT PT EMPLOYED STUDENT NOT EMPLOYED/ STUDENT | | | EMPLOYER/SCHOOL | | |
| **MILITARY STATUS:** CURRENT PRIOR SERVICE N/A | INSURANCE: | | | | |
| SECONDARY GUARDIAN’S NAME | | PRIMARY PHONE | | | SECONDARY PHONE |
| ADDRESS (STREET, CITY, STATE, ZIP; CHECK IF SAME AS ABOVE ) | | | | EMAIL | |
| **EMPLOYMENT STATUS:** (Circle all that apply)  FT EMPLOYED FT STUDENT PT EMPLOYED STUDENT NOT EMPLOYED/ STUDENT | | | EMPLOYER/SCHOOL | | |
| **MILITARY STATUS:** (Circle) CURRENT PRIOR SERVICE N/A | INSURANCE: | | | | |

**SUPPLEMENTAL INFORMATION**

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

**EMERGENCY CONTACT INFORMATION (AT LEAST ONE REQUIRED)**

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

**ADDITIONAL INFORMATION FOR CHILD**

|  |  |
| --- | --- |
| CACFP REQUREMENT | **CHILDS 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: |
| **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 |

**MEDICAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| 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 reaches to make necessary arrangements in a critical moment requiring immediate medical care, I authorize Gene Slay’s Girls & Boys Club of St. Louis to contact the following: | |
| PHYSICIAN OR CLINIC NAME | PHONE NUMBER |
| PREFERRED HOSPITAL NAME | PHONE NUMBER |

|  |  |
| --- | --- |
| MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARICIPATE 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 | |
| PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL CONDITIONS (I.E. ASTHMA, SEIZURES, DIABETES) & MEDICATIONS | |
| 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 |

**ACKNOWLEDGEMENTS & CONSENTS GUARDIAN INITIALS**

|  |  |  |  |
| --- | --- | --- | --- |
| A | I received a copy of this facility’s policies pertaining to the admission, care, and discharge of children. | |  |
| 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. | |  |
| C | The provider and I have agreed on a plan for continuing communication regarding my child’s development, behavior, and individual needs. | |  |
| D | When my child is ill, I understand and agree that they may not be accepted for care or remain in care. | |  |
| 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. | |  |
| 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. | |  |
| G | I DO / DO NOT **(CIRCLE ONE)** give permission for the facility to transport my child. | |  |
| H | Is your child allowed to swim? (YES/NO) | |  |
| I | Is your child allowed to use the Internet in the GSGBC Library? (YES/NO) | |  |
| J | Is your child allowed to use the video games at GSGBC? (YES/NO) | |  |
| K | **Members 13 or older:** Do you give permission for your child to walk home unaccompanied? (YES/NO) | |  |
| 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. | |  |
| M | I consent to and give permission for my child to participate in the GSGBC tutoring program. | |  |
| N | I consent to and give permission for my child to participate in the GSGBC Trauma-Informed Programming. | |  |
| PARENT/GUARDIAN SIGNATURE | | DATE | |