



GENE SLAYS GIRLS AND BOYS CLUB OF ST. LOUIS AFTER-SCHOOL CHILD CARE ENROLLMENT FORM



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 <input type="checkbox"/>)		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 <input type="checkbox"/>)		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 HIGH SCHOOL HIGH SCHOOL/GED 2 YR DEGREE 4 YR DEGREE TRADE/TECH SCHOOL SOME COLLEGE POST GRAD		
SECONDARY GUARDIAN EDUCATION LEVEL: (Circle) LESS THAN HIGH SCHOOL 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 <input type="checkbox"/> NO <input type="checkbox"/>	DOES YOUR CHILD RECEIVE MEDICAID? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 REQUIREMENT	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

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



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 reached 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
<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 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

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.