



**GENE SLAYS GIRLS AND BOYS CLUB OF ST. LOUIS  
SUMMER CAMP 2020 CHILD CARE ENROLLMENT FORM**

CHILD NAME	GENDER	DOB	START DATE	KID TRAX # (office)
ADDRESS (STREET, CITY, STATE, ZIP)				
SCHOOL		GRADE LEVEL <b>(MOST RECENTLY COMPLETED)</b>		

**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 \*REQUIRED\***

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)**

<b>HEAD OF HOUSEHOLD EDUCATION LEVEL (CIRCLE ONE)</b> LESS THAN HIGH SCHOOL HIGH SCHOOL/GED 2 YEAR DEGREE 4 YEAR DEGREE TRADE/TECH SCHOOL SOME COLLEGE POST GRAD	
<b>OTHER PARENT EDUCATION LEVEL (CIRCLE ONE)</b> LESS THAN HIGH SCHOOL HIGH SCHOOL/GED 2 YEAR DEGREE 4 YEAR DEGREE TRADE/TECH SCHOOL SOME COLLEGE POST GRAD	
DOES YOUR CHILD RECEIVE FREE/REDUCED-PRICE LUNCHES AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES YOUR CHILD RECEIVE MEDICAID? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>HOUSEHOLD INCOME (CIRCLE ONE)</b> \$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**

<b>ANY IMPORTANT NOTES ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS &amp; INDIVIDUAL NEEDS)</b>	
<b>CACFP REQUIREMENT</b>	<b>CHILD'S PROJECTED ATTENDANCE SCHEDULE/EXPECTED VARIATIONS</b>
	<b>WHAT DAYS WILL THE CHILD ATTEND? (CIRCLE ALL THAT APPLY)</b> MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
	PLEASE WRITE ANY COMMENTS ON VARIATIONS IN SCHEDULE HERE:
	<b>WHAT MEALS WILL YOUR CHILD USUALLY BE GIVEN AT THIS FACILITY? (CIRCLE ALL THAT APPLY)</b> BREAKFAST MORNING SNACK LUNCH AFTERNOON SNACK SUPPER EVENING SNACK NONE

**MEDICAL**

<b>CACFP REQUIREMENT</b>	I UNDERSTAND THAT I WILL BE NOTIFIED IMMEDIATELY IN CASE OF AN EMERGENCY WITH MY CHILD; IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS OR IN A CRITICAL MOMENT REQUIRING IMMEDIATE MEDICAL CARE, I AUTHORIZE <b>GENE SLAY'S GIRLS AND BOYS CLUB OF ST. LOUIS</b> TO TRANSPORT MY CHILD TO CARDINAL GLENNON HOSPITAL	
	PHYSICIAN OR CLINIC NAME	PHONE NUMBER
	PREFERRED HOSPITAL NAME	PHONE NUMBER



**ACKNOWLEDGEMENTS & CONSENTS – Please initial all that apply**

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 ( <b>CIRCLE ONE</b> ) 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 ( <b>CIRCLE ONE</b> ) give permission for the facility to transport my child.	
H	Is your child allowed to swim? (YES/NO)	
I	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 Summer programs or events.	
J	I consent to and give permission for my child to participate in the GSGBC tutoring program.	
K	I consent to and give permission for my child to participate in the GSGBC Trauma-Informed Programming.	
PARENT/GUARDIAN SIGNATURE		DATE

**MEDICAL BACKGROUND 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:	
PARENT/GUARDIAN SIGNATURE	DATE

**WE WILL BE CLOSED FRIDAY JULY 3<sup>rd</sup>**

**PLEASE CONTACT MR. ADGER OR MS. YOUNG WITH ANY QUESTIONS**

**(314) 772-5662 ♦ 2524 SOUTH ELEVENTH STREET, ST. LOUIS, MO 63104**