



The Youth & Family Center
Summer Break Day Camp Registration Form
June 1, 2020—July 31, 2020



Child's Name: _____ Male ___ Female ___ Non-Binary ___ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Current School: _____ Grade: _____

Do you reside in St. Louis Housing Authority Public Housing (This information helps us secure funding for your child's participation in the Youth & Family Center summer break day camp)?

Yes(please provide proof of lease) No

Parent/Guardian #1

Name: _____ Cell Phone: _____

Address _____ City: _____ Zip: _____

Email Address: _____

Parent/Guardian #2

Name: _____ Cell Phone: _____

Address _____ City: _____ Zip: _____

Email Address: _____

Other persons authorized by parent(s)/guardian(s) to pick up child without prior notification:

Name	Phone	Relationship

If The Youth & Family Center is unable to reach either parent/guardian or emergency contacts, I give my permission to the Youth & Family Center to consult my child's physician, seek emergency medical treatment and/or emergency transportation services if necessary. By signing below,

Physician's Name: _____ Phone number: _____

Physician's Address: _____

Name of Hospital: _____

Insurance information _____

Signature of Parent/Guardian Date _____

General Information:

Does your child have any special accommodation needs due to a disability? Please be detailed.

Does your child have any allergies that we should know about? Please be detailed

Annual Household Income Bracket (Check box that applies)

- _____ Under \$9,999
- _____ \$10,000—\$14,999
- _____ \$15,000—\$19,999
- _____ \$20,000—\$29,999
- _____ \$30,000—\$39,999
- _____ \$40,000+

Does your Family receive Medicaid or Medicare?

Yes No

Does your family have private insurance coverage?

Yes No

Program Details:

- Our camp combine activity with creativity to keep kids active and engaged. Children gain knowledge of the world around them through culturally diverse staff, all within the incredibly fun and safe environment of the Youth & Family Center. Breakfast, lunch, and snacks are provided. Activities include nutrition, fitness, studio and performing art (music, theatre, African drumming), STEM activities, field trips, sports, and more! The Summer Day Camp operates Monday through Friday from 8:30 a.m. until 4:30 p.m. for a weekly fee of \$60.00 per child. If two or more children from the same family (brothers & sisters ONLY) are enrolled, the weekly fee is \$45.00 per additional child. Before Care (7:30 am - 8:30 am) and After Care (4:30 pm - 5:30 pm) will be offered at a fee of \$10/wk. Please indicate if you will require Before and/or After Care service.
- Registration is due by Friday (05/29/2020).

Health History Form

It's a new year, so we need new Health information.

We will need a copy of your child's up to date immunizations, these forms and all medications will need to be turned in to the Program Manager on Monday, June 1, 2020 during check-in.

PARENTAL PERMISSION & RELEASE FORM (One per Child)

Child's Name (please print): _____

_____ (INITIAL) I give my child permission to attend and participate in all Youth & Family Center Summer Day Camp Activities.

_____ (INITIAL) I agree that any pictures and/or videos taken of my child may be used to promote The Youth & Family Center including on our website, social media and promotional materials.

_____ (INITIAL) In consideration for my child participating in The Youth & Family Center Summer Break Day Camp events and activities I shall indemnify, hold free and harmless, The Youth & Family Center, its officers, employees, and volunteers, thereof from any and all liability, claims or demands for personal injury or sickness, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

_____ (INITIAL) I give permission for my child to be treated in case of illness or emergency, and understand I will be notified in an emergency situation.

_____ (INITIAL) I also agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Name of Parent/Guardian Signing this form: _____

Signature: _____ Date signed: _____

For scheduling, questions, or to discuss the possibilities...

Contact Gary Kennedy-Program Manager * gkennedy@theyfc.org * (314)391-4143 Please mail/fax forms to: The Youth & Family Center, 818 Cass Ave, St. Louis, MO 63106.

Youth & Family Center
Summer Break Day Camp 2020
Fieldtrip Permission Slip

Dear Parent or Guardian:

A field trip has been scheduled for your child's class. The Youth & Family Center policy requires each child to have advance written permission to go on a field trip. *Students who do not have prior written permission will not be able to participate in the field trip.*

Please complete the lower section of this form and return it to The Youth & Family Center Camp Director immediately.

Thank you.

My Child _____ has permission to participate in Summer Break Day Camp Youth & Family Center activities away from the building, this includes field trips, excursions, walks, etc. with The Youth & Family Center Summer Break Day Camp staff.

Sign, and return form to The Youth & Family Center.

I have read the information above and give my permission for my child _____
(student's name)

to attend the field trips with the Youth & Family Center Summer Break Day Camp staff

Parent/Guardian Signature

Date