



The Youth & Family Center
Afterschool Program

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

Name: _____ Cell Phones: _____

Address _____ City: _____ Zip: _____

Email Address: _____

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

Please Choose Income level
___ Under \$9,999
___ \$10,000 - \$14,999
___ \$15,000 - \$19,999
___ \$20,000 - \$29,999
___ \$30,000 - \$39,999
___ \$40,000 or more

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: _____

Does your Family receive Medicaid or Medicare? Yes or No

Does your family have private insurance coverage? Yes or No

Insurance provider: _____

Policy/Group Number: _____

Signature of Parent/Guardian

Date

Health History Form

Please attach a copy of your child's up to date immunizations.

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

2. Does your child have any allergies that we should know about?

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 Afterschool Program 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 Afterschool Program 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.

Signature: _____ Date signed: _____

**Youth & Family Center
After-School 2020-2021
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 immediately.

Thank you.

My Child _____ has permission to participate in the Youth and Family Center's Virtual School Support & Afterschool Program activities out of the building, this includes field trips, excursions, walks, etc. with The Youth & Family Center Virtual School Support & Afterschool Program 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 all field trips with the Youth & Family Center.

Parent/Guardian Signature

Date