Location : 818 Cass Avenue

A Proud Member of United Way

\$80 per week Special pricing for STL Housing Authority Residents

youthafamilycenter

Academic Enrichment Cultural Awareness Classes Technology Classes Conversational Spanish Arts & Crafts Treasure Hunt Entrepreneuship Outdoor & Indoor Games Camp

is open[®] to youth ages

Campers may select 1 of the 2 week sessions: July 13th - July 24th or July 27th - August 7th 8:00am to 4:00pm **CDC GUIDELINES OBSERVED** Temperatures checked at entry Frequent hand washing Daily Health questionnaire Social distancing Everyone 9 years or older must wear a mask

> Due to COVID-19 CDC guidelines, we are limiting the length of camp and the number of campers. To allow as many youth as possible to have a camp experience this summer, campers may only participate in 1 of the 2 sessions. Campers will be placed into 3 groups of 8 to 9 participants and will participate in virtual and in person fun learning and recreational activities. Breakfast and lunch will be provided.

For more information call (314) 231-1147 or visit www.yfc.org

youths family center building connections one family a time	The Youth & Family Center Summer Day Camp Registration Form		SUMMER BREAK
Child's Name:	Male	FemaleN	on-Binary DOB:
Address:	City:	Zip:	
Home Phone:	_ Current School:	Grade:	
Choose one session			
Session 1: July 13, 2020 - July 24,	2020 Session 2: July 27, 2020 - Aug	ust 7, 2020	
	ority Public Housing (This information helps us	secure funding for you	r child's participation in the Youth &
Family Center summer break day camp)?			Please Choose Income level
Yes(please provide proof of lease	e) No		Under \$9,999
Parent/Guardian			\$10,000 - \$14,999
Name:	Cell Phones:		\$15,000 - \$19,999
			\$20,000 - \$29,999
Address	City:	Zip:	\$30,000 - \$39,999
Email Address:			\$40,000 or more
Other persons authorized by parent(s)/	guardian(s) to pick up child without prior	notification:	
Name	Phone		Relationship
- · · ·	to reach either parent/guardian or emerg hysician, seek emergency medical treatm		
Physician's Name:	Phone nu	mber:	
Physician's Address:			
Name of Hospital:			
Does your Family receive Medicaid or M	1edicare? Yes or No		
Does your family have private insurance	e 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 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 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.

Signature: _____ Date signed: _____

	Youth & Family Cer	
	Summer Day Camp Fieldtrip Permission	
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Dear Parent or Guardian:		
A field trip has been scheduled for ve	we shild's class. The Vouth & Family	Conter policy requires each child to have advance written
		Center policy requires each child to have advance written ermission 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		mission to participate in the Youth and Family Center's
Summer Day Camp activities out of the Summer Break Day Camp staff.	ne building, this includes lield trips, e	xcursions, walks, etc. with The Youth & Family Center
Summer break buy camp stan.		
	Sign, and return form to The Yout	a & Family Center.
the second the information above on	for my obild	
I have read the information above an	d give my permission for my child	
		(student's name)
to attend all field trips with the Youth		
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