

NEED HELP WITH THE EDUCATION OF YOUR CHILD DURING COVID-19?

FREE **VIRTUAL** **SCHOOL** **SUPPORT** **PROGRAM**



Monday - Friday

7:30 AM to 6:00 PM

K-5th Grade STLP Students



Students receive:

- Access to internet
- Support with technology
- Support with academics
- Breakfast, lunch, after school snack

Students are broken up into small groups based on grade level and social distancing guidelines. After the learning day is over students may participate in our Afterschool program:

Sports and Recreation

Arts and Crafts

Foreign Language Classes

Cultural Awareness Classes



youth&familycenter

building connections ... one family at a time

A Proud Member of



Greater St. Louis

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



The Youth & Family Center
Virtual School Support & Afterschool Program

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Current School: _____ Grade: _____

Choose one session

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 Virtual School Support & After-school Program and 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 Virtual School Support & 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
Summer 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 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