

## St. Louis After School Care Enrollment Form 2025-26



Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please note any custody restrictions: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Persons, other than parents, authorized to pick up your child at St. Louis:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Written permission must be given in advance to the Site Director if, on a particular day, you wish someone other than one of the above-authorized individuals to pick up your child.)

### HEALTH HISTORY

Allergies: \_\_\_\_\_

Does your child have any medical history problems of which we should be aware? ☐ Yes ☐ No

\_\_\_\_\_

Is your child on any medication that would have to be administered regularly at the school?

☐ Yes ☐ No



## EMERGENCY MEDICAL CARE

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contacts in the event you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PARENT AUTHORIZATIONS

I give permission to St. Louis to transport my child to or from school, including walking to Memory Square Park. In the event I cannot be reached, I hereby give St. Louis staff permission to administer first aid and/or obtain emergency medical care for my child. I expect that a conscientious effort will be made to locate my designee(s) or me. I will accept any expense incurred. I agree on behalf of myself and my child that any claim or dispute arising out of the services provided by this contract will be settled by binding arbitration administered by the American Arbitration Association. I agree to have a court enter judgment on (and for my child approve) any award or settlement.

X \_\_\_\_\_

Parent/Guardian Signature Date

I give my permission for my child to be photographed on field trips and in the classroom, and understand that the photos may be used for publicity purposes.

X \_\_\_\_\_

Parent/Guardian Signature Date