



Administrative Office
 326 South 21st Street, Suite 301
 Saint Louis, MO 63103
 314-383-1733/ Fax: 314-361-6873
www.neighborhoodhouses.org

**School Age Services
 Application Packet Check List**

Please make sure all forms are completely filled out.

Child Enrollment Application (Two pages including initials and two signatures)	
Medication Authorization and Action Plan (<i>if applicable</i>)	
Registration (Signature required)	
Club Activity Release Form (Two pages & two signatures required)	
United Way Demographics (Signature Required)	
Parent Rights and Responsibilities (Signature Required)	
Youth Intake Assessment	
Immunization Records	

Child's Name: _____

Date of Birth: _____ Age: _____

Child's Grade Level for 2017-18 School Year _____

Please indicate your location choice:

Bermuda Elementary
 5835 Bermuda Dr.
 Saint Louis, MO 63121

Airport Elementary
 8249 Airport Rd.
 Saint Louis, MO 63134

Johnson-Wabash Elementary
 685 January Ave.
 Saint Louis, MO 63135



Neighborhood Houses

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School-Age Services Registration Form 2016-2017



(Please complete both sides of this Registration Form, place N/A if not applicable)

OFFICE USE ONLY					
Info/Documents Checked By:		Admission Date:		Discharge Date:	
CHILD'S PERSONAL INFORMATION - PLEASE PRINT					
School Year:		Facility Provider Name:			
Child's First Name:		Middle Initial:	Last Name:		
Date of Birth:		Grade Level:		Gender: <u> </u> Male <u> </u> Female	
Home Street Address:		City:	State: MO	Zip Code:	
RESPONSIBLE PARTY INFORMATION #1			RESPONSIBLE PARTY INFORMATION #2		
Mother/Guardian First Name:			Father/Guardian First Name:		
Last Name:			Last Name:		
Home Street Address:			Home Street Address:		
City:		State: MO	Zip:	City:	
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Email:			Email:		
Employer or School:			Employer or School:		
Work/School address:			Work/School Address:		
Zip:			Zip:		
Work/School schedule:			Work /School Schedule:		
Work Phone:			Work Phone:		
EMERGENCY CONTACTS & Persons authorized to take your child from program other than Parent/Guardian. At least one emergency contact is required.					
Name:		Home Phone ()	Home Address	Cell # ()	Relationship to child:
			City/Zip	Alt # ()	
Name:		Home Phone ()	Home Address	Cell # ()	Relationship to child:
			City/Zip	Alt # ()	
CURRENT HEALTH CONDITIONS - Please check all of the following that apply					
Socializing Problems		Epilepsy		Diabetes	
Bee Sting Allergy		Asthma		Hyperactivity	
Food Allergies		Attention Deficit Disorder		Other	
<p><i>If you checked any health conditions that require a Medical Action Plan, (example: bee sting or asthma) submit a doctor's action plan with registration forms.</i></p> <p>Please list any allergies, medications, or health problems:</p>					
<input type="checkbox"/> My child is in good health, is able to participate in group care, and has no special health or medical requirements.					
<input type="checkbox"/> My child is able to participate in group care but has special medical requirements as listed above.					

Comments on Child's Development(Personal Development, Behavior, Patterns, Habits, & Individual Needs)

IEP: Yes No

If yes, please provide us with a copy of his/her IEP.

Behavior Plan: Yes No

If yes, please provide us with a copy of his/her Behavior Plan.

Before admission additional information or accommodations may be requested for children with disabilities and/or special needs who require additional adult support. Once the information is received our team will review to determine if the program can accommodate the needs of the child. Allow a week after documents are submitted for confirmation.

AUTHORIZATION FOR EMERGENCY CARE AND TRANSPORTATION

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.
 If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care I authorize **Neighborhood Houses** to contact the following. I understand this may involve transporting my child including the use of an ambulance. I understand this may be done prior to contacting me and any expense incurred for such treatments, including ambulance fees, is my responsibility.

Contact the following:

Physician or Clinic Name:	Phone Number:
Address:	Zip Code:
Preferred Hospital:	Phone Number:

#1 Parent/Guardian Signature:

ACKNOWLEDGEMENT- Parent/Guardian, please initial by each statement in box to the right.

A	I have received a copy of Neighborhood Houses policies and procedures pertaining to the admission, care and discharge of children as documented in the Family Handbook. I will abide by all policies and procedures of the program as documented in the Family Handbook.	Parent Initials
B	I have been informed that a copy of the "Licensing Rules for Child Care Centers in Missouri", is available at each center, the Neighborhood Houses administrative office and online for my review.	Parent Initials
C	Neighborhood Houses and I have agreed upon a plan for continuing communication regarding my child's development, behavior, etc. There will be opportunity for a verbal or written exchange or for a scheduled appointment based on my child's need.	Parent Initials
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care and that I or a designated escort will be contacted and must come and pick up child from program.	Parent Initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations. To my knowledge, immunizations are all up to date and my child is in good health and free of disabilities that would endanger him/her or other children in program.	Parent Initials
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions I understand I will be notified in advance when they are planned.	Parent Initials
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	Parent Initials
H	I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	Parent Initials
I	I understand falsifying or omission of information on this enrollment form may be cause for dismissal from the program.	Parent Initial
J	I give consent to the staff and/or agents of Neighborhood Houses to interview <input type="checkbox"/> Yes <input type="checkbox"/> No photograph <input type="checkbox"/> Yes <input type="checkbox"/> No videotape <input type="checkbox"/> Yes <input type="checkbox"/> No ...my child. I understand that the interview and photograph/videotape information may be used in Neighborhood Houses/UnitedWay and/or their collaborator's local and national publications and websites, including advertisements.	Parent Initial

#2 Parent / Guardian Signature: _____ Date: _____

Neighborhood Houses School-Age Services

Procedures to be followed when child has club/activity after school

- 1) On the day of the club/activity, the child will report to the Neighborhood Houses School-Age Services programs first, following school dismissal.

Note: A Neighborhood Houses staff person will contact the parent by 4:00pm if a child is registered to attend the afterschool program but is not in attendance and the Neighborhood Houses (business office or site) was not notified.

In order to avoid this afternoon call, please contact the Neighborhood Houses school-age program if you know your child will not be attending on any day(s) that they are registered to attend. It will save the staff a lot of time that they could be spending with the children in attendance.

- 2) The Neighborhood Houses staff person will sign the child in for the afternoon.
- 3) A Neighborhood Houses staff person will bring child to the club/activity location in the school or the Club Leader will pick up the child up from program. The Club Leader will sign (initial) on the attendance sheet that they have received the child.
- 4) When the club/activity ends, either a Neighborhood Houses staff person will pick up the child and bring them back to program or the Club Leader will bring the child back to program and sign (initial) on the attendance sheet that they have returned the child.

Your child's safety is our main priority and we feel that by following above listed procedures it will ensure their safety.

I understand the procedures listed above are to be followed and I will instruct my child and the adult conducting the club/activity of the procedures.

Parent's Signature: _____ Date: _____

Thank you for your cooperation!

Neighborhood Houses School-Age Programs Club/Activity Release Form



Instructions:

- Please complete a separate form for each club/activity your child will participate in.
- Please complete this form and return prior to your child attending club/activity.

Note:

- Your child will not be released from Neighborhood Houses School-Age Services to attend a club/activity until this form is completed and returned to a Neighborhood Houses school-age staff person.

Date:

Child's Name:

Check one:

_____ My child **does not** attend club/activities afterschool.

_____ My child **does** attend club/activities after school.

I give my child permission to attend: _____ on
(Name of afterschool club/activity)

Monday Tuesday Wednesday Thursday Friday

(circle all that apply)

The club/activity is from ____:____ to ____:____.
(time) (time)

The club/activity begins on _____ and ends on _____.
(date) (date)

Important:

All children must report back to the Neighborhood Houses school-age program after the club/activity has ended, even if the child is being picked up from the club/activity.

All children must be signed out of program by a parent/guardian or the authorized person designated by parent/guardian to pick up the child.

Comments: _____

Parent's Signature _____ Date: _____

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Neighborhood Houses School-Age Programs Demographic Collection Form

The information provided below is confidential and used solely for reporting/funding purposes only.

Child's Name: _____ Zip code: _____

Program/School Location:

Bermuda Airport Johnson-Wabash

1. Gender

- Female
- Male

2. Age of your child: _____ years old

3. Race/Ethnicity

- African-American
- Asian
- Bi-Multi-Racial
- Bosnian
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Native American/Alaskan Native
- Other
- Unknown Race/Ethnicity

4. Annual Household Income

- \$0 to \$9,999
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$29,999
- \$30,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 and Greater
- Unknown Income

5. Insurance Status

- Insured
- Uninsured- not covered by insurance
- Underinsured-some form of health insurance but lack the financial means to cover out of pocket medical expenses
- Other: _____

5. Employer _____

6. Single Head of Household? ___Yes ___No Family size _____

Please check the box to the left if you are refusing to participate in the survey. Refusal will not exclude your son/daughter from the Neighborhood Houses School Age Program.

Neighborhood Houses School-Age Services Parent/Guardian Rights and Responsibilities



As a Parent/Legal Guardian, you have the **right** to:

- Consistent enforcement of program rules and expectations.
- Be treated with courtesy and respect at all times.
- Enter the center without advance notice when your child is in care.
- Expect care that meets the requirements set by the Missouri Department of Health and Senior Services section for Child Care Regulation.
- Review the Licensing Rules for Group Day Care Homes and Child Day Care Centers in Missouri which is available on site.
- Be notified if your child is seriously injured or in an accident.
- Be notified if a communicable disease or traumatic situation arises.
- Be notified if your child is to be taken on a field trip.
- Be informed by staff if there is a concern about your child.
- Request a review of your child's file.
- Be informed regarding fees being charged and if applicable, changed, refunded, waived or reduced fees.
- Be informed of type (credit, debit, check, money order or cash) and timing of payment.
- Be informed of consequences of nonpayment.
- Share in decisions about the care of your child.
- Contact the School-Age Office with any questions or concerns.
- Expect to use our services during the hours of operation.

- Be informed concerning our discharge or termination of services.
- Be informed concerning how to lodge complaints, grievances or appeals.
- Be informed prior to disclosure of confidential or private information when Neighborhood Houses may be legally or ethically permitted or required to release such information without the parent/guardian consent.

As a Parent/Legal Guardian you have the **responsibility** to:

- Treat staff with courtesy and respect at all times.
- Provide relevant information as a basis for receiving services and participating in service decisions. This includes but is not limited to; completing all forms thoroughly with correct information.
- Inform School-Age Office staff with any changes in information.
- Let the staff know if you have concerns about your child.
- Notify the School-Age Office with any changes in your child's attendance pattern.
- Not bring your child to program when he/she is sick.
- Authorize a responsible person to escort your child.
- Sign a permission slip in order for your child to attend a field trip.
- Provide any updated medical information including immunization records.
- Pay fees as scheduled.
- Notify us of withdrawal if leaving the program.

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Guardian Signature Required)

I, the Parent/Guardian, of _____, have received a copy of the Client' Rights and Responsibility form.

Parent/Guardian's Name: (please print) _____

Parent/Guardian's Signature: _____ Date: _____

Youth Intake Assessment Form



Date: _____

Youth Name: _____ Age: _____

Parent/Guardian's Name: _____

School Child Attends: _____ Grade Level: _____

Teacher's Name: _____

Please complete the following checklist on your child so that the Neighborhood Houses School-Age Programs can get to know him/her better. When completing the checklist, please think about how your child is usually and select that response that best fits your child.

My child....	Most of the time	Some of the time	Not usually
1. Listens to and follows directions of those in charge			
If not usually, what types of reminders are helpful			
2. Can make his/her own decisions: -with peer input -without peer input			
3. Gets along with peers			
4. Gets along with adults			
5. Is able to take care of own physical needs			
If not, what does she/he need assistance with			
6. Is able to independently choose and participate in activities			
If not, what supports does he or she need			
7. Has skills to negotiate needs/wants when they differ from needs of the group			
8. Requests help from adults when needed			
If not, how can we help meet his/her needs			
9. Works/plays with a variety of children			
10. Prefers small group			
11. Prefers large group activity			

Please complete the following information on your child.

What helps your child study/complete afterschool assignments?

In new situations, my child tends to . . .

My child works and plays best when. . .		
Some of my child's favorite things are.... 1) 2) 3)		
When your child gets frustrated or upset what does she or he find calming and soothing? What helps to get him/her back on track?		
Does your child receive services from other service agencies, such as Special School District or St. Louis Regional Center?	Yes	No
If yes, would you be willing to provide us with a copy of the I.E.P. So we can ensure that to the extent possible we are providing supports needed to meet his/her special needs.	Yes	No
Copy attached?	Yes	No
What type of support, if any, does your child need during the school day?	Yes	No
Please describe support needed during school day:		
Please explain any special needs your child may have: (allergies, dietary needs, physical concerns, self-help assistance in dressing, using the bathroom, and or self-advocating, communication concerns.		
Any additional comments you would like us to know about your child?		
Parent/Guardian has signed the release of confidential information form?	Yes	No
Neighborhood Houses School Age Services and your child's school are linked together in a partnership to ensure support systems yield compounded positive results. Neighborhood Houses staff and school staff, including classroom teachers, will communicate regularly regarding a student's progress.		
The Intake Assessment and the Child Service Plan was discussed with parent/guardian. Site Supervisor signature:_____ Date:_____		

**Insert
Immunization Records
Here**