

Registration Date: \_\_\_\_\_ Registration Fee Paid Date: \_\_\_\_\_  
 Immunization Records Submitted: \_\_\_\_ Family Handbook Given: \_\_\_\_\_  
 Checked By: \_\_\_\_\_ Withdrawn date: \_\_\_\_\_



Administrative Office  
 326 South 21<sup>st</sup> Street, Suite 301  
 Saint Louis, MO 63103  
 314-383-1733/ Fax: 314-361-6873  
[www.neighborhoodhouses.org](http://www.neighborhoodhouses.org)

**School Age Services  
 Application Packet Check List  
 SUMMER 2017**

**Please make sure all forms are completely filled out.**

|                                      |  |
|--------------------------------------|--|
| Child Enrollment Application         |  |
| Agreement Form                       |  |
| Program Fees & Schedule              |  |
| Application for Financial Assistance |  |
| United Way Demographics              |  |
| Medication Authorization             |  |
| Parent's Rights and Responsibilities |  |
| Youth Intake Assessment              |  |
| Code of Conduct                      |  |
| Immunization Records                 |  |

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Grade Level for 2016-17 School Year \_\_\_\_\_

**Neighborhood Houses School-Age Services  
 University City Summer Camp  
 @  
 Jackson Park Elementary School  
 7400 Balson Avenue  
 University City, MO 63130**

|                     |
|---------------------|
| <b>Date:</b>        |
| <b>Parent Name:</b> |
| <b>Child Name:</b>  |
| <b>Home School:</b> |

**REGISTRATION AND PROGRAM FEES SUMMER 2017**  
**Neighborhood Houses AT UNIVERSITY CITY SCHOOL DISTRICT**

**REGISTRATION FEES**

**Early Registration**

**February 15<sup>th</sup> – March 15<sup>th</sup>**

**Families enrolled with NH School Age Services - \$10 per child**

**Families NOT currently enrolled with NH - \$20 1<sup>st</sup> child/\$15 2<sup>nd</sup> child**

**Regular Registration for Summer**

**Begins March 15<sup>th</sup>**

**All Families**

**1<sup>st</sup> child = \$25/2<sup>ND</sup> child \$20**

**Registration fees and 1<sup>st</sup> week's tuition are due at time of registration.**

**Thereafter, tuition is due every Monday prior to service.**

**Children will not be accepted into program without prior payment. No exceptions.**

| Program Hours  |              |              |              | Weekly Rate    |              |              |              |
|--|--------------|--------------|--------------|----------------|--------------|--------------|--------------|
| 7:00am – 6:00pm  |              |              |              | \$125          |              |              |              |
| U. City Summer School Rate<br>M-TH 7-8:30am & 12:00-6:00pm<br>Friday 7:00am-6:00pm |              |              |              | \$85           |              |              |              |
| Late Pick Up   |              |              |              | \$1 per minute |              |              |              |
| Please check the weeks your child will attend.                                     |              |              |              |                |              |              |              |
| Wk 1<br>6/5  | Wk 2<br>6/12 | Wk 3<br>6/19 | Wk 4<br>6/26 | Wk 5<br>7/3    | Wk 6<br>7/10 | Wk 7<br>7/17 | Wk 8<br>7/24 |
|  |              |              |              |                |              |              |              |

**There will be no program on July 4<sup>th</sup>.**

**There are NO refunds for absences or pro-rated weeks due to holidays or cancellation of the program. If your child is absent, the full tuition still applies.**

**PAYMENT OPTIONS**

- I will pay registration fee and 1<sup>st</sup> week's tuition.
- I will pay registration fee and four weeks tuition so that I may receive my 5% discount.

**METHOD OF PAYMENT**

**Online:** Tuition Express is the preferred method of payment

**Automatic Withdrawal:** If you would like for Neighborhood Houses to withdraw from your account weekly, please complete the method of payment form. This will be done after 12:00pm the Friday prior to service. If withdrawal is denied, there will be a \$25 NSF charge.

**DEPARTMENT OF SOCIAL SERVICES (DSS)**

For any participants of DSS child care subsidy, Neighborhood Houses must receive a letter from DSS that authorizes tuition assistance prior to your child attending the program. The Jackson Park Summer Camp DVN # 002585724.

Yes, I am a DSS participant and I will have my caseworker call you or mail you the eligibility letter.

Child's DCN#: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

(DSS participants are responsible for paying all registration, sliding fees, co-payments, absence days more than 5 days per month and late fees).

## Neighborhood Houses School Age Services

Administrative Office  
326 S. 21<sup>st</sup> Street  
St. Louis, MO 63103  
314-383-1733 (p)  
314-361-6873 (f)

### Summer Camp Registration 2017

**Jackson Park Elementary School**  
**7400 Balson Ave**  
**U. City, MO 63130**



**(Please complete the entire registration packet, place N/A if not applicable)**

#### Office Use Only

**Registration Date:**

**Immunization Records Submitted?**  Y  N    **Family Handbook Received:**  Y  N

**Info/Documents Checked By:** \_\_\_\_\_    **Admission Date:** \_\_\_\_\_    **Date Withdrawn:** \_\_\_\_\_

#### CHILD'S PERSONAL INFORMATION - PLEASE PRINT

Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MO Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Gender:  M /  F /  Other

Home School: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### 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: \_\_\_\_\_ State: MO Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_ Zip: \_\_\_\_\_

Work address: \_\_\_\_\_ Zip: \_\_\_\_\_

Work hours: \_\_\_\_\_

Work hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Single Head of Household?  Yes  No

Single Head of Household?  Yes  No

#### EMERGENCY CONTACTS & Persons authorized to take your child from program other than Parent/Guardian. Should be reliable and be able to pick up and/or make emergency decisions regarding your child in case of an emergency. At least one emergency contact is required.

Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

City/Zip \_\_\_\_\_

Alt # ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

City/Zip \_\_\_\_\_

Alt # ( ) \_\_\_\_\_

**HEALTH CONDITIONS - Please check all of the following that apply . Write N/A for those that don't apply.**

|                      |  |                            |  |               |  |
|----------------------|--|----------------------------|--|---------------|--|
| Socializing Problems |  | Epilepsy                   |  | Diabetes      |  |
| Bee Sting Allergy    |  | Asthma                     |  | Hyperactivity |  |
| Food Allergies       |  | Attention Deficit Disorder |  | Other         |  |
| Eyeglasses/Contacts  |  | Hearing Aid                |  |               |  |

**If you checked any health conditions that require a Medical Action Plan, (example: bee sting or asthma) you must submit a Medical Action plan from your doctor with this form.**

Please list any allergies, special medical conditions, including chronic health problems (such as asthma, seizures) behavior disorders, special needs, etc.

My child is in good health, is able to participate in group care, and has no special health or medical requirements.

**Parent Signature:** \_\_\_\_\_

My child is able to participate in group care but has special health or medical requirements as listed.

**Parent Signature:** \_\_\_\_\_

**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 a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.
- 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 for 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:

|                                  |                      |
|----------------------------------|----------------------|
| <b>Physician or Clinic Name:</b> | <b>Phone Number:</b> |
| <b>Address:</b>                  | <b>Zip Code:</b>     |
| <b>Preferred Hospital:</b>       | <b>Phone Number:</b> |

Parent/Guardian Signature: \_\_\_\_\_

**FIELD TRIP PERMISSION**

I give permission for my child to take part in field trips or excursions (via Van, School Bus or Walking) with Neighborhood Houses program, under proper supervision. It is my understanding that I will be notified when such trips are conducted.

If you do not sign, you agree to not bring your child on days that field trips are planned. I further understand that my account will not be credited for any such absences.

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 polices 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<br><input type="checkbox"/> do not give permission for field trips/excursions<br>I understand I will be notified in advance when they are planned.   | Parent Initials |
| G | I <input type="checkbox"/> do<br><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 understand the financial policies and that failure to abide by these policies could result in removal from the program.  | Parent Initial  |
| K | I give consent to the staff and/or agents of Neighborhood Houses to<br>interview <input type="checkbox"/> Yes <input type="checkbox"/> No<br>photograph <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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  |

**Parent / Guardian Signature:**

**Date:**

**Code of Conduct Agreement**

- I will treat others the way I wish to be treated
- I will respect the rights to privacy, safety and property of others.
- I will refrain from bullying fighting and using bad language.
- I will respect the property and facilities of Neighborhood Houses.
- I will take responsibility for my personal actions and property.
- I will cooperate with and respect staff, participants and other representatives of Neighborhood Houses.
- I will obey all rules and regulations.

I understand that if I cannot conduct myself in the above manner, there are consequences for misbehavior.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Child Signature: \_\_\_\_\_



|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Office use only:                  |                                       |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not approved |
| \$ _____ Weekly Fee               |                                       |

## Neighborhood Houses School-Age Programs Application for Financial Assistance

Complete and submit this form with the following documentation in order to be considered for assistance.

1. Copies of two most recent paycheck stubs for each household income.
2. A copy of latest IRS forms with number of dependents indicated.
3. A copy of an official Photo ID.
4. If it is determined that you would most likely be eligible for child care subsidy through DSS, you are required to apply and submit a copy of the approval or denial letter.

|   |                               |                   |                      |
|---|-------------------------------|-------------------|----------------------|
| <b>Personal Data-please print</b>   |                               |                   |                      |
| Child(ren)'s Name:  |                               |                   |                      |
| Parent/Guardian's Name:   |                               | Relationship:     |                      |
| Address:  | City/Zip:                     | e-mail:           |                      |
| Home Phone:   | Work Phone:                   | Cell Phone:       |                      |
| Parent/Guardian's Name:   |                               | Relationship:     |                      |
| Address:  | City/Zip:                     | e-mail:           |                      |
| Home Phone:   | Work Phone:                   | Cell Phone:       |                      |
| Are you an U.S citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____  |                               |                   |                      |
| Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single  |                               |                   |                      |
| Are you a student? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not a student   |                               |                   |                      |
| Is your spouse/partner a student? <input type="checkbox"/> No spouse/partner <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not a student |                               |                   |                      |
| How many dependents do you claim on your taxes? _____   |                               |                   |                      |
| Have you ever applied for assistance with the Neighborhood Houses before? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |                   |                      |
| <b>Financial Data</b>   |                               |                   |                      |
| Family Members Name   | Employer ( Full or Part time) | Yrly Gross Income | Monthly Gross Income |
| 1.  |                               | \$                | \$                   |
| 2.  |                               | \$                | \$                   |
| 3.  |                               | \$                | \$                   |
| 4.  |                               | \$                | \$                   |
| Total   |                               | \$                | \$                   |
| <b>Income from other sources</b>  |                               | Yearly            | Monthly              |
| 1. Alimony and/or child support   |                               | \$                | \$                   |
| 2. Workman's Compensation/ Unemployment   |                               | \$                | \$                   |
| 3. Interest, Dividends  |                               | \$                | \$                   |
| 4. Social Security Pension  |                               | \$                | \$                   |
| 5. Other  |                               | \$                | \$                   |
| Total   |                               | \$                | \$                   |

Other circumstances that you wish for us to be aware of when considering you for financial assistance can be attached to this form. Please support the information when possible. Allow 2 weeks for processing.

**Agreements:**

1. I/we declare the information on this application is to the best of our knowledge and belief, is true, correct, and complete.
2. I/we understand that if I/we are accepted for this assistance, that we may be required to submit updated financial information as required by the Neighborhood Houses.
3. I/we understand that if our payments become delinquent the assistance may be revoked and may affect further considerations for assistance.
4. I/we understand that if all required information is not submitted, I/we may not be considered for financial assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Administrative Office  
326 S. 21<sup>st</sup> Street  
St. Louis, MO 63103  
314-383-1733 (p)  
314-361-6873 (f)



## 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:

Barbara C. Jordan                       Flynn Park                       Jackson Park

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.

**Please complete and return with registration form.**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR CHILD CARE REGULATION  
**MEDICATION AUTHORIZATION**

**MEDICATION REQUIREMENT**

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

|                   |                            |       |
|-------------------|----------------------------|-------|
| CHILD'S FULL NAME | DATE MEDICATION TAKEN FROM | UNTIL |
|-------------------|----------------------------|-------|

|        |                |
|--------|----------------|
| DOSAGE | TIME(S) OF DAY |
|--------|----------------|

POSSIBLE SIDE EFFECTS

|                                    |      |
|------------------------------------|------|
| SIGNATURE OF PARENT(S) OR GUARDIAN | DATE |
|------------------------------------|------|

**RECORD OF ADMINISTRATION**

| STAFF NAME | DATE | MEDICATION NAME | DOSAGE | TIME |
|------------|------|-----------------|--------|------|
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
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|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |



## 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's 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:<br>-with peer input<br>-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**