KINGDOM HOUSE

2018-19 Kingdom House After School Program Application

Please return forms and documentation to this location. Incomplete applications will not be accepted.

Por favor devuelva este formulario y documentos adjuntos a una de las siguientes localidades. Paquetes de aplicación incompletos, no serán aceptados.

Kingdom House
1321 South 11th Street, St. Louis, MO 63104
Misti Johnson; 314-627-1241 (K-8)

OFFICE USE ONLY
DATE RECEIVED: _____
START DATE: _____
TRANSPORTATION: Yes or No
PICK UP:
DROP-OFF:

KINGDOM HOUSE

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Child Information:

First Name: Middle Initial: Last Name:
Has your child attended After School before? (Please Check) Yes _____ No _____
Address:
City: State: Zip Code:
Birth Date: Age: Gender: Race/Ethnicity:
Shirt Size (Please Circle): XS S M L XL Youth _____ Adult _____

School History: *Attach most recent report card

School: Grade Level:
Does your child receive Free or Reduced Lunch at school? Yes _____ No _____
Has your child ever participated in Special Education or had a 504 plan? IEP? Yes, 504, IEP _____ No _____
Does your child have a Behavior Plan? Yes _____ No _____

Comments on Child's Development:

What are some strategies Kingdom House can use to best support your child's learning throughout the program? (ex: positive reinforcement, small groups)

Kingdom House does offer therapeutic/behavioral support through individual therapy and social emotional skills groups. If interested in the possibility of individual therapy for your child/the child for whom you are serving as legal guardian, please see Authorizations-Observation/Referral below to opt in.

Medical History (Please Check):

ADD _____ ADHD _____ Autism _____ Asperger's _____
Eyeglasses/Contacts_____ Hearing Aid_____
Epilepsy_____ Diabetes_____ Sickle Cell_____ Asthma _____
Allergies (Please List):
Dietary Restrictions (Please List):
Medications (Please List):
Health Problems (List):
If your child has asthma or food allergies, we must have an inhaler and/or Epipen on site before your child can begin the program.
Does your child see a dentist at least once a year? Yes _____ No _____
○ My child is in good health, is able to participate in program activities, and has no special health or medical requirements. ○ My child is able to participate in program activities, but has special health or medical requirements as listed below.

Parent/Legal Guardian Signature_____ Date_____

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Child's First Name:	**Last Name:**	**Age:**

Head of Household (Parent/Guardian):

First Name:	Last Name:
Are you a current member of Kingdom House?	Yes _____ No _____
Age: Gender:	Race/Ethnicity:
Address:	
City:	State: Zip Code:
Home Phone: ( )	Cell Phone: ( )
Work Phone: ( )	Email Address:
Currently Employed? Yes _____ No _____	Currently in School? Yes _____ No _____
Work Schedule:	School Schedule:
Employer Name:	
Employer Address:	
City:	State: Zip Code:

Other Parent/Guardian/Emergency Contact:

First Name:	Last Name:
Age: Gender:	Race/Ethnicity:
Relationship to Child:	
Address:	
City:	State: Zip Code:
Home Phone: ( )	Cell Phone: ( )
Work Phone: ( )	Email Address:
Employer:	
Currently Employed? Yes _____ No _____	Currently in School? Yes _____ No _____
Work Schedule:	School Schedule:
Employer Name:	
Employer Address:	
City:	State: Zip Code:

Household Information: Kingdom House receives public funding and is often required to provide basic information about membership households. Please help us continue receiving these funds by providing information about your household.

Family Annual Income (Please Circle):	**Living Arrangements (Please Circle):**	**Sources of Income:**
$0 - $9,999 $10,000 - $14,999 $15,000 - $19,999 $20,000 - $29,999 $30,000 - $49,999 $50,000 - $99,999	Both Parents Mother Only Father Only Both Grandparents One Grandparent Only Guardian Other:	Child Support Food Stamps Medicaid TANF Unemployment SSI SSDI Daycare Voucher Veterans Compensation Other:
Total Household Size:	**Total in Household Under 18:**	

Parent/Legal Guardian Signature_____ Date_____

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Child's First Name:	Last Name:	Age:

Authorizations

Media:

I give permission to allow Kingdom House and its partners the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating in Kingdom House programs or events.
Yes _____ No _____

Surveys:

I give permission for my child to participate in program surveys and/or assessment. Surveys may ask about my child's demographics, child's performance in school, child's friends, child's neighborhood, and child's experience in programs; in addition to participant's knowledge, skills, coping, and/or abilities in the areas of health, nutrition, science, technology, engineering, art and literacy. All surveys are confidential; your child's name will not appear on the survey. I understand that I can withdraw consent at any time by submitting a written signed statement.
Yes _____ No _____

Assessments/Tests:

I give permission for my child to participate in testing that will evaluate literacy skills (such as fluency and comprehension) of my child. I understand that I have access to results of literacy assessments, and that results will help Kingdom House determine if any gains in literacy occurred.
Yes _____ No _____

Lost, Stolen and/or Damaged Possessions:

I have been informed that my child should not bring valuable possessions (such as electronic devices) to Kingdom House. I understand that Kingdom House is NOT responsible for replacing any property that is lost, stolen and/or damaged while attending programming.
Yes _____ No _____

Release Information

I give my consent to school counselors, teachers, nurses, social workers, and all others working with my child to release records to Kingdom House and its partner agencies, including information on behavior at school, grades, test scores, notification of suspensions, medical records, etc. I understand that all information given to Kingdom House and its partner agencies will be restricted and confidential.
Yes_____ No_____

Observation/Referral:

I give permission for my child to be referred to assessment and possible therapeutic treatment based on behavioral observation (i.e. observed changes in behavior, increases in externalizing or internalizing actions). I understand that I will be further notified upon referral about the process and possible continued treatment. I further understand that I have the right to refuse further action upon notice of referral.
Yes _____ No _____

Permission for Participant:

Can your child swim? ____Yes, swims very well _____Yes, but only knows basic swimming _____No

Do you give permission for your child (12 years or older) to leave unattended? Yes _____ No _____

Parent/Legal Guardian Signature_____ Date_____

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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

Kingdom House

DAY CARE PROVIDER OR HOME PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC	
NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL	
NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS		
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.	PARENT/GUARDIAN INITIALS
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN 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.	PARENT/GUARDIAN INITIALS
F	I ☐ DO ☐DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I ☐DO ☐DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN 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/GUARDIAN INITIALS
PARENT'S/GUARDIAN'S SIGNATURE ▸		DATE

CACFP REQUIREMENT			
	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

Parent/Legal Guardian Signature_____ Date_____

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2018-19 Kingdom House After School Program Application

Child's First Name:	Last Name:	Age:

Pick-Up/Emergency Contact Information (Please include yourself on this form): * Must be 18 years or older

Authorized Person #1 (Parent):		
Relationship to Child:		
Address:		
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	
Authorized Person #2:		
Relationship to Child:		
Address:		
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	
Authorized Person #3:		
Relationship to Child:		
Address:		
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	

Parent/Legal Guardian Signature_____ Date_____