



To be completed by SAB&G Club Director
 Enrollment Fee Payment (\$25)
 Cash
 Money Order
 Start date: _____
 Doe student have a SAB&G scholarship? _____
 Center of Hope YES / NO Transition Date: ___/___/___
 After-School
 Full Days
 Summer

The Salvation Army Boys & Girls Club of High Point
 121 Cloverleaf Place, High Point NC 27263
 Phone (336) 881-5444 | Fax (336) 884-4125

2021 AFTERSCHOOL ENRICHMENT PROGRAM APPLICATION (K-8th)

Student Information:
Name

 (Last) (First) (Middle) (Nickname) (School)

Birthdate _____
 (Month/Day/Year)

Grade K 1 2 3 4 5 6 7 8
If enrolling for the next school year, circle grade in which child will be enrolled in the fall.

Age _____
If enrolling for next school year, state age child will be on the first day of school.

Sex M F
Circle one

Race/Ethnicity _____ African-American _____ Caucasian _____ Hispanic _____ Multi Racial _____ Native American _____ Other

Brothers and Sisters in The Salvation Army Boys & Girls Club at this school:

Last Name	First Name	Middle Name	Grade

Parents/Guardians: *(Call this parent/guardian first)*

 (Last) (First) (Middle)

 Relationship to Student NC Driver License Number

 Street Address City State Zip Code

 Employed By

 Email Address

 Work Phone / Home Phone / Cell Phone

Parents/Guardians: *(Call this parent/guardian first)*

 (Last) (First) (Middle)

 Relationship to Student NC Driver License Number

 Street Address City State Zip Code

 Employed By

 Email Address

 Work Phone / Home Phone / Cell Phone

For each question below, if more space is needed, please explain on a separate sheet of paper and attach to this application.

Is there a separation, divorce, or custody concern of which our staff should be aware? _____NO _____YES

Is and person prohibited from picking up the child by a court order? If yes, attach a copy of court order and an explanation.

 Prohibited Person's Name / Relationship to Child

Emergency Contact and Pick Up Authorization: *Persons other than parents/guardians listed on front of form*

List additional persons you authorize to pick up your child. TSAB&G Staff may also contact these persons if neither parent/guardian on Page 1 can be reached or if neither can pick up the child in a reasonable time. (Ex. Child is not picked up by the closing, child has a low-grade fever, nausea, minor injury, behavior issue, personal need, etc.)

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Page 1 can be reached, the emergency contacts listed below will be called to help staff locate a parent/guardian and/or meet your child at the medical facility. *If none, write "NONE" in the space below.*

Name	Relationship to Child	Work Phone	Home Phone	Cell Phone

Medical or Other Health Conditions:

It is very important that we know if your child has a health condition (allergy to bee stings or food, asthma, diabetes, seizure disorder, behavior disorder, physical disability, learning disability, etc.) fears, or is receiving special services for any condition. What conditions should we know about?

Will your child have a Diabetes, Health or Emergency Care Plan, 504 Plan, or IEP developed by his/her school administration, school nurse, medical doctor, and parent/guardian for a health condition? YES NO *(If yes, what care may be needed during summer day camp?)*

Will your child need medication during Summer Camp on a regular basis? YES NO *(If yes, provide name of medication)*

Does your child have any Dietary Restrictions? *(List restricted items)* _____

Childs' Doctor: _____ **Preferred Hospital:** _____

If none, write "NO PREFERENCE" in space above

If none, write "NO PREFERENCE" in space above

Is either Parent/Guardian a current or retired member of the military?

Yes
 No

Are you currently receiving unemployment?

Yes
 No Expiration Date _____

Child has been a member of club:

Less than 1 year
 1-2 years
 2+ years

Attend Church? YES NO

School Lunch Fee: *(check one)*
 Full Pay Reduced Free

Swimming Ability: *(check one)*
 Non-Swimmer Beginner Moderate Advanced

Family Income (Must include AFDC, Food Stamps, Child Support, Alimony, etc.)

Under \$10,000
 \$10,000-\$20,000
 \$20,000-\$30,000
 \$30,000-\$40,000
 \$40,000-\$50,000
 Over \$50,000

How did you hear about The Salvation Army Boys & Girls Club S.T.E.A.M Summer Day Camp?

Parent/Guardian Signature

Printed Name

Date