



**BETTER FAMILY LIFE, INC.  
FILE CHECKLIST**

**Student(s) Name:** \_\_\_\_\_

**Parents/Guardian:** \_\_\_\_\_

**Registration fee \$25/child**

**Date Paid:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Registration Form Fall 2021-2022**

Youth Info/REGISTRATION FORM

Parent Information

Emergency Contact Information

Primary Care Doctor

Additional Medical Information

Consent for Medical Emergency

**Payment Forms 2021-2022**

State Assistance Information (form)(a)

State Approval Letter (b)

Private Payment Contract (form)

Payment Chart

**Additional Required Documentation 2021-2022**

State Health Statement

State Medical release

Over the Counter Meds

Prescription Medication Form

General Field Trip Form

Acknowledgement of Parent Handbook

***Copies Required For File***

Medical Insurance Card (*front and back*)

Immunization Records (*must be updated*)

Photo ID of Pick up Adult

Photo ID of Pick up Adult



**BETTER FAMILY LIFE, INC**  
**YOUTH PASSPORT TO THE FUTURE AFTER SCHOOL PROGRAM 2021-2022**  
**(CEBC CAMPUS) 5415 PAGE BLVD ST. LOUIS, MO 63112**

**TODAY'S DATE:**

**START DATE:**

YOUTH'S INFORMATION				
Youth's Full Name (First, Middle & Last Name)	Sex (M/F)	Age	Birth Date	Grade
Name of School:		Student's Teacher and Room #:		
School Address:		School Phone Number:		
Home Address:		Student Cell:		
Student Email Address:		Student Home Number:		
Does your child have an IEP? : <input type="checkbox"/> YES <input type="checkbox"/> NO School times: Start: _____ Finish _____				
Youth's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino/American <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed/Bi-racial <input type="checkbox"/> Other _____				

PARENT/GUARDIAN INFORMATION		
(Answer the questions below for the primary parent/guardian living in the home)		
Name:	Relationship to Youth:	
Address:		
City:	State:	Zip Code:
Home/Work Phone:	Receive text: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Cell Phone/ Pager:	Email Address:	

EMERGENCY CONTACT INFORMATION - In case of emergency, I give permission for my child to receive medical treatment. <input type="checkbox"/> YES <input type="checkbox"/> NO <u>IN CASE OF EMERGENCY CONTACT</u>	
Name	Relationship to Youth
Daytime Phone:	Evening Phone:
Cell Phone/ Pager:	Work Phone:
PRIMARY PHYSICIAN -Name:	
Phone:	Preferred Hospital:

**CHECK YES OR NO**

- YES  NO Is currently on medication ( if you check yes, please list them) \_\_\_\_\_  
 YES  NO Has allergies to medication( if you check yes, please list them) \_\_\_\_\_  
 YES  NO Physical impairments that would prohibit him/her from participation \_\_\_\_\_  
 YES  NO Allergic to certain foods ( if you check yes, please list them) \_\_\_\_\_  
 YES  NO Has Asthma \_\_\_\_\_  
 YES  NO Other Health restrictions \_\_\_\_\_

**ADDITIONAL MEDICAL INFORMATION:**

Please attach immunization records and fill out state requirement for medical release

**CHECK LIST OF INFORMATION THAT MUST BE SUBMITTED COPIED WITH APPLICATION**

- Copy of insurance card (front & back)  State Medical Release  Copy of parent/guardian/pickup person photo

**TRANSPORTATION:**

**All Parents must provide transportation home from program and all students must be picked up no later than 6:00pm. Three late pickups lead to expulsion from program.**

- YES, will be picked up  NO will walk home from the program

Who is authorized to pick up the student?

Number in Household (Required) \_\_\_\_\_

Income level (Required) 0-\$23,449 \_\_\_\_\_ \$23,550-\$31,949 \_\_\_\_\_ \$31,950-\$39,630 \_\_\_\_\_ other \_\_\_\_\_

**OTHER RELATIVES IN THE PROGRAM:**

NAME:	RELATIONSHIP TO YOUTH

**Important Information - Release of Liability**

I/we the undersigned natural parents(s) or Legal Guardian(s) desire and consent to my /our child for to attend and become officially enrolled in Better Family Life's Youth Passport to the Future Afterschool/KYPE Academy programs. I will release and discharge Better Family Life and it's representatives BFL Real Estate, BFL Master Tenant employees, and consultants from any and all claims, losses, demands, damages, causes of action, judgments, or suits of any kind which either I/we or my/our child may have arising out of /or in connection with my/our child's participation and enrollment in Better Family Life's Youth Passport to the Future Afterschool/KYPE Academy programs. I/we do hereby agree to have and indemnify and keep harmless Better Family Life, Inc and its representatives BFL Real Estate, BFL Master Tenant, employees, Board members, volunteers and consultants, against any and all liability, claims, judgments, or demands for damages which either I/We/or my/child may have arising from on in conjunction with my/our child's participation and enrollment in the Youth Passport the Future/KYPE Academy.

As a part of this program, research may be conducted or statistical information may be gathered to accurately access the effectiveness of the program and your child's individual needs. Information from this form will be shared with the Program Staff only. By signing this form you also give consent for Youth Passport to the Future to utilize photograph/Video taken of your child to be used in advertising and promotional materials.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only

Received By:

Date: