



SPROG in partnership with Horizons National STUDENT APPLICATION SUMMER 2019



P. O. Box 220274
St. Louis, MO 63122
314-821-3477

PROGRAM DATES: JUNE 10 – JULY 19

Application Forms and
Registration fee due
by **May 1st**. All fees
due **May 15th**.

1 Student Information

Name:

_____ LAST FIRST MIDDLE NICKNAME CURRENT GRADE

Mailing Address:

ADDRESS LINE

CITY/STATE/ZIP

Parent/Guardian Name: _____

Has Custody Lives With Contact Allowed May Pick Up

Address: _____ CITY/STATE/ZIP _____

(If different than child)

Home Phone: _____ Parent Cell: _____

Parent Email: _____

Work Place: _____ Work Phone: _____

School Attended: _____

Date of Birth: __ / __ / ____

Male Female

Ethnicity: _____

Are you Hispanic, Latino, or of
Spanish Origin: Yes No

Please select your race:

(Choose all that apply)

- African American/Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Hispanic
- White/Caucasian

Country of Birth: _____

What is the primary language spoken in
the home? _____

What is the applicant's primary language?

2 Additional Emergency Contacts

Emergency Contact (NOT Parent/Guardian)

Has Custody Lives With Contact Allowed May Pick Up

Name: _____

Address: _____

CITY/STATE/ZIP

Cell Phone: _____

Home Phone: _____

Allowed to pick up child/children Yes No

Emergency Contact (NOT Parent/Guardian)

Has Custody Lives With Contact Allowed May Pick Up

Name: _____

Address: _____

CITY/STATE/ZIP

Cell Phone: _____

Home Phone: _____

Allowed to pick up child/children Yes No

3 Bus Transportation: \$50 Per Child

Yes, I wish to pay for daily
transportation to and from SPROG.

Office Use Only

Identification of Child confirmed Yes No

Signature of Person Viewing Documentation _____

Student Name: _____

4 Household Information

Would you describe your household as a "single-parent home"? Yes No

Household Size (Total number of persons who live in your home with the student.) _____ people

Does your child qualify for Free or Reduced Priced school meals? Yes No

Household Composition: (Please list all persons who currently live with the student, including you.)

Name	Age	Gender		Enrolled in SPROG			Grade?	Current School	Relation to the Student
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			
		M	F	Yes	No	N/A			

5 School/Activities

SCHOOL NAME: _____

Please list previous **schools** your child has attended: _____

Please list **child day care centers** your child has attended: _____

Please list **afterschool activities** your child participates in during the **regular** school year. _____

Please list any **afterschool activities** your child has participated in the **past**. _____

6 Health Information

CHILD'S PHYSICIAN & PHONE: _____

Insurance Co./ID #: _____

CHILD'S DENTIST & PHONE: _____

Dental Ins. Co./ID # _____

Please list allergies, intolerance to food, medication, or other substances AND actions to take in an emergency: _____

Please list chronic physical problems, pertinent developmental information, special accommodations needed, all medications taken, even when not at program: _____

Please list any medications the applicant must take during program hours and the times required for dispensing? _____

Can SPROG administer Over the Counter (OTC) medications to your child? Yes No If yes, please list acceptable OTC medications: _____

7 T-Shirts

Youth X-Small Small Medium Large X-Large XX-Large
 Adult X-Small Small Medium Large X-Large XX-Large

8 Authorizations

Student Name: _____

Drop Off and Pick Up of Child: Unless using SPROG’s Before and After Care Program, children should not arrive before 9:00 am. Supervision is not available during this time. Your child must be picked up by 3:00 pm. For the safety of your child, SPROG requires a list of individuals other than the parents/guardians allowed to pick-up your child/children. Children will only be released to individuals authorized by you on this application. Parents or guardians must call the SPROG office or provide written consent, with your signature and the name, description of the person and type of automobile, for your child/children to be released to anyone not listed. Anyone listed on this form should be prepared to show photo identification upon arrival.

Name: _____

Name: _____

Address: _____

Address: _____

CITY/STATE/ZIP

CITY/STATE/ZIP

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Please list person who may **NOT** pick up your child from the program _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Illness/Medical Care – {SPROG is Peanut/Nut Free due to Sensitivity and Allergies}

1. SPROG agrees to notify the parent(s)/guardian(s) if the child becomes ill. I will arrange to have my child picked up as soon as possible if so requested by SPROG, Inc.
2. I authorize SPROG, Inc. to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) or emergency contact cannot be located immediately. In case of a critical emergency, I prefer my child be taken to _____ Hospital via ambulance.
3. I will accept full financial responsibility for charges connected with the use of an ambulance, if necessary, and any charges connected with care at the hospital.
4. I agree to inform SPROG, Inc. within 24 hours or the next business day after this child, or any member of the immediate household, develops a reportable, communicable disease as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

SPROG Care: I hereby grant permission for my child, _____ to participate in all activities planned by SPROG, Inc. including SPROG Care, SPROG Inc’s Before and After Care program.

1. I will not hold SPROG, Inc. responsible for any accident which may occur while in attendance.
2. I understand that my child is expected to adhere to all rules and regulations of SPROG, Inc. and in the Before and After Care Program.
3. Morning SPROG Care hours are 7:00 – 9:00 am and afternoon hours are 3:00 – 5:00 pm. I understand that I will be charged late pick-up fees of \$10 per day for picking up my child after 5:00pm.
4. I understand by signing below, I agree to the terms and conditions for participation and paying cost of full day services at \$60.00 per child per week or \$ _____ per session for part-day services as selected.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

8 Authorizations

Student Name: _____

Activities and Field Trip Permission: I hereby grant permission for my child _____ to participate in all field trips and activities planned by SPROG, Inc. I will not hold SPROG, Inc. responsible for any accident which may occur while attending SPROG, Inc. or while attending field trips or a SPROG related activity. I understand that my child is expected to adhere to all rules and regulations of SPROG, Inc. and field trip sites.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

2018-19 Release of Information: I give my permission to my child's school to release the following school records to SPROG, Inc.

1. Academic Records (Report Cards, Evaluations)
2. Attendance Records
3. Health Records
4. Discipline/Behavior Referrals
5. Documentation that indicates your child has an active IEP, or information detailing their special educational needs
6. Copies of items that may confirm your child's identity

I am aware that I may review or challenge the records prior to their release.

This permission to release information to SPROG, Inc. about my student is to be in effect until twelve (12) months after the conclusion of the 2019 summer program.

Printed Name of Student _____ School: _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Photo Permission Information:

- I hereby grant permission for SPROG, Inc. to use my child's name, image or likeness in any printed or online promotional material.
- I DO NOT grant permission for SPROG, Inc. to use my child's name, image or likeness in any printed or online promotional material.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

9 Authorizations if Accepted into 2019 SPROG Summer Program

Upon acceptance of my child into the 2019 SPROG Summer Program, by signing below, I understand:

1. My child and an adult representative of my choice MUST attend the Family Orientation that will occur in the spring in order to complete the application and registration process.
2. If my child is in kindergarten, 1st, or 2nd grade, I will pay the \$25 enrollment fee by May 1, 2019.
3. If my child is in 3rd, 4th, or 5th grade, I will pay the \$245 tuition fee and the \$25 enrollment fee by May 1, 2019.
4. I commit to having my child fully participate in the program and I understand that attendance is mandatory; extended vacations are not allowed.
5. My child will attend all of the 2019-20 SPROG programs: the spring Family Orientation, summer program, and SPROG sessions scheduled during the school year.
6. I will provide SPROG staff with any changes to my family's contact information (school, address, phone, etc.) in a timely fashion.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____



SPROG Powered by Horizons National SPROG CARE STUDENT APPLICATION



P. O. Box 220274
St. Louis, MO 63122
314-821-3477

SUMMER 2019
PROGRAM DATES: JUNE 10 – JULY 19

Full Day: \$60, 5 days/week
Mornings: 7-9 am
Afternoons: 3-5 pm
Part-time: available at pro-rated rate

1 STUDENT INFORMATION

Name: _____
LAST FIRST MIDDLE NICKNAME CURRENT GRADE

Mailing Address:

ADDRESS LINE

CITY/STATE/ZIP

Parent/Guardian Name: _____

Has Custody Lives With Contact Allowed May Pick Up

Address: _____

(If different than child)

CITY/STATE/ZIP

Home Phone: _____ Parent Cell: _____

Parent Email: _____

Work Place: _____ Work Phone: _____

School Attended: _____

Date of Birth: __/__/____

Male Female

Please check below the day(s) your child will need SPROG Care services

(Choose all that apply)

- Monday AM
- Monday PM
- Tuesday AM
- Tuesday PM
- Wednesday AM
- Wednesday PM
- Thursday AM
- Thursday PM
- Friday AM
- Friday PM

2 Emergency Contacts

Emergency Contact (NOT Parent/Guardian)

Has Custody Lives With Contact Allowed May Pick Up

Name: _____

Cell Phone: _____

Home Phone: _____

Allowed to pick up child/children Yes No

Emergency Contact (NOT Parent/Guardian)

Has Custody Lives With Contact Allowed May Pick Up

Relationship: _____

Cell Phone: _____

Home Phone: _____

Allowed to pick up child/children Yes No

3 Child Pick-up: Person(s) authorized to pick-up my child:

Name

Phone Number

1. _____

2. _____

3. _____

