**LifeWise StL CDF**® **Freedom Schools Program Application 2023**

| **CHILD INFORMATION** |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name MI Last Name Preferred Name/Nickname

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State Zip Code

□ Male □ Female □\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever attended a CDF Freedom Schools program before? ꪚ Yes ꪚ No

If yes, how many years has your child participated in the CDF Freedom Schools summer program? \_\_\_\_\_\_\_

Primary Language Spoken at Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does the child live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s t-shirt size (Please circle one and check the box): XS S M L XL XXL □ Youth Sizes □ Adult Sizes

|  **CHILD SCHOOL INFORMATION**  |
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**\* PLEASE INCLUDE A COPY OF MOST RECENT REPORT CARD \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Currently Attending Grade Level Starting in the Fall

Is your child in the Free or Reduced Lunch Program? □ No □ Yes

Has your child ever participated in Special Education services or had an IEP? 504 Plan? A behavior plan? □ No □ Yes (If yes, please explain any accommodations/modifications/services that the scholar receives.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*LifeWise StL 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 Releases and Consents-Observation/Referral below to opt in.*

| **CHILD HEALTH INFORMATION** |
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**\*PLEASE INCLUDE A CURRENT PHYSICAL AND IMMUNIZATION RECORDS\***

Please check all conditions that apply to your child:

 □ ADD □ Autism □ Eyeglasses □ Hearing Aids □ Diabetes □ Asthma

 □ ADHD □ Asperger’s □ Contacts □ Epilepsy □ Sickle Cell

Additional health conditions/allergies? □ No □Yes (If Yes, please list conditions or allergies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: □ No □ Yes (If Yes, please list all medications currently taken) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary/Food restrictions: □ No □ Yes (If Yes, please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know if there are any accommodations that the LifeWise StL Staff should know about to help support your child. *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? □ No □ Yes

□ 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…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian Date Child’s Name (First/Last)

| **PRIMARY PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION** |
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| First Name: Last Name: |
| --- |
| Date of Birth: Age: Race/Ethnicity: Gender: |
| Relationship to child: |
| Address (If different from that of child): |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |
| Work Phone: ( ) Email Address: |
| Currently Employed? □ Yes □ No Name of Employer: |
| Currently in School? □ Yes □ No Name of School: |
| Are you currently enrolled in LifeWise STL services? □ Yes □ No |

| **SECOND PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION** |
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| First Name: Last Name: |
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| Date of Birth: Age: Race: Gender: |
| Relationship to child: |
| Address (If different from that of child): |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |
| Work Phone: ( ) Email Address: |
| Currently Employed? □ Yes □ No Name of Employer: |
| Currently in School? □ Yes □ No Name of School: |

| **ADDITIONAL EMERGENCY CONTACT** |
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| In the event of an emergency, LifeWise StL Staff will first attempt to contact the primary parent/guardian and then the second parent/guardian (if one is listed). In the event that both parents or guardians cannot be reached, I authorize LifeWise StL to contact our emergency contact. Please list the name of the emergency contact below. *If you have already listed two parents or guardians, then this section is optional.* |
| --- |
| First Name: Last Name: |
| Date of Birth: Relationship to child: |
| Address: |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |
| Work Phone: ( ) Email Address: |

| **HOUSEHOLD INFORMATION** |
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| LifeWise StL 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.  |
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| **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 ParentsMother OnlyFather OnlyBoth GrandparentsOne GrandparentOnly GuardianOther: | Child SupportFood StampsMedicaidTANFUnemploymentSSISSDIDaycare VoucherVeterans CompensationOther: |
| **Total Family Size:** | **Total in Family Under 18:** |  |

| **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** |
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| I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for the medical care of my child with the physician or hospital of my choice. In the event I cannot be reached in an emergency, I hereby give my permission to employees of LifeWise StL to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor’s orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary. I authorize LifeWise StL day care provider or home provider to contact the following:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date**Physician or Clinic**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Preferred Hospital**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **RELEASES AND CONSENTS** |
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| **FOR THE FOLLOWING SECTION:****If you give your consent for each item, please sign and date in the box below that item. If you do not consent, then please leave the signature for that item blank.** |
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| **RELEASE CLAUSE**The undersigned hereby releases and holds harmless LifeWise StL and any officers, employees or agents thereof, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
| --- |

| **MEDIA RELEASE**I give permission to allow LifeWise StL and its partners the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating in LifeWise StL programs or events. This includes use by television, films, radio, or printed media to further the aims of LifeWise StL in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
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| **CONSENT TO PARTICIPATE IN SURVEYS**I hereby grant permission for my child to participate in LifeWise StL surveys and/or assessments. Surveys and assessments may ask about my child’s demographics, experiences, school performance, relationships, gains in knowledge, literacy, social skills, coping skills, and other abilities. All surveys are confidential. I understand that I can withdraw consent at any time by submitting a written signed statement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
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| **ASSESSMENT/ TESTING RELEASE** I hereby give permission for my child to participate in testing that will evaluate their literacy skills (such as fluency and comprehension). I understand that I have access to results of literacy assessments, and that results will help LifeWise StL determine if any gains in literacy occurred. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
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| **TRANSPORTATION RELEASE** I hereby give permission to LifeWise StL to transport my minor child in a motor vehicle driven by an authorized LifeWise StL staff member. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver. I understand participation in the identified event is not a requirement or a right for my child’s participation in the program, and can be revoked based on poor behavior. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
| --- |

| **MENTAL HEALTH GROUP CONSENT**As a part of Freedom School, scholars will be participating in a weekly mental health group during afternoon enrichment time. The group will be one hour each week and will focus on improving wellbeing and building coping skills. Depending on staff availability, this group may not be offered at every location. Additional information regarding this group is available upon request. I give my permission for my child to participate in this group. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
| --- |

| **OBSERVATION/REFERRAL CONSENT**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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
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| **FIELD TRIPS CONSENT**Program activities may involve transportation to and from the destination. By signing below, I grant permission for my child to be transported for field trips during summer programming. I understand that I will be notified in advance when field trips are planned/scheduled. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
| --- |

| **LOST, STOLEN, AND/OR DAMAGED POSSESSIONS**I have been hereby informed that my child should not bring valuable possessions (such as electronic devices) to LifeWise StL. I understand that LifeWise StL is NOT responsible for replacing any property that is lost, stolen and/or damaged while attending programming.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |
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| Can your child swim? □ Yes, swims very well □ Yes, but only knows basic swimming □ No |
| --- |

| **ACKNOWLEDGEMENTS** |
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| I have received a copy of this facility’s policies pertaining to the admission, care, and discharge of children.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Initials |
| --- |
| 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 the facility for review.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Initials |
| The provider and I have agreed on a plan for continuing communication regarding my child’s development, behavior, and individual needs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Initials |
| 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 |
| 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 |
| I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Initials |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Guardian** Date |

| **PICK-UP/EMERGENCY CONTACT INFORMATION** |
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| Transportation: After programming, my child will be picked-up by an authorized person listed above, may be transported home in the LifeWise StL van, or is allowed to walk home. Please check all that apply.□ Pick-up□ Van□ Walk home□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*Please note that transportation by LifeWise StL is not guaranteed, and is only offered on a limited basis for families without other alternatives* |
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***Please include yourself on this form for authorized pick-up, all persons listed must be 18 years of age or older***

| **Authorized Person #1 (Parent/Guardian)** First Name: Last Name: |
| --- |
| Relationship to child: |
| Address (If different from that of child): |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |

| **Authorized Person #2** First Name: Last Name: |
| --- |
| Relationship to child: |
| Address (If different from that of child): |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |

| **Authorized Person #3** First Name: Last Name: |
| --- |
| Relationship to child: |
| Address (If different from that of child): |
| City: State: Zip Code: |
| Home Phone: ( ) Cell Phone: ( ) |

| **FREEDOM SCHOOL LOCATIONS** |
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LifeWise StL operates multiple Freedom School locations during the summer. Please select your preferred location. We will do our best, but cannot guarantee your preference. Spots are reserved on a first come, first serve basis.

| **LifeWise StL (K-5th grade)** 1321 S. 11th Street 63104 |  |
| --- | --- |
| **Connections (K-4th grade)** 6701 Virginia Ave. 63111 |  |
| **Maplewood UMC (K-5th grade)** 7409 Flora Ave. 63143 |  |
| **Beloved UMC (6th-8th grade)** 3115 Park Ave. 63104 |  |
| **Webster Hills UMC (6th-8th grade)** 698 W. Lockwood Ave. 63119 |  |
| **LifeWise Academy (9th-12th grade)** 1025 Park Ave. 63104 |  |

| **FINAL SIGNATURE** |
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I understand that student, health, parent/guardian, emergency contact and household information will be updated annually, and that my signature grants the above signed permissions for the duration of my child’s participation in the LifeWise StL CDF Freedom Schools Program and that I may withdraw my consent at any time by submitting a request in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child First Name MI Last Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

| **\*\*THE FOLLOWING SECTION IS FOR THE MAPLEWOOD UMC LOCATION ONLY\*\*** |
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| **Maplewood United Methodist Church intends to offer child care from 3pm to 6pm after Freedom School. These after school child care services are separate from, and not provided by, LifeWise StL. Any agreement you have related to after care following the end of Freedom School is solely with Maplewood United Methodist Church and not the responsibility of LifeWise StL.** Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**If you would like for your child to participate in programming after Freedom School please complete the following release of information so that the information from this application can be shared with the staff providing aftercare services at Maplewood UMC.**

| **RELEASE OF INFORMATION**I authorize **LifeWise StL** to release information regarding my child (indicated below) for service coordination.The authorization pertains to: Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Information to be released from **LifeWise StL** to:**Maplewood UMC****7409 Flora Ave.****St. Louis, MO 63143**This release expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (one year from today’s date)I understand that this release is valid when I sign it and that I may withdraw my consent to release at any time in writing by updating this form.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LifeWise StL Representative Signature Date  |
| --- |