

Student Enrollment Form
Stray Dog Theatre (SDT)
Arts→In→Mind (AIM) After School Program



Student Information		
Name (First, M, Last):	Grade:	Birthdate:
Address (Street, City, State, Zip):	Gender:	Ethnicity:
School Information		
Name:	Teacher:	Room#:
Address (Street, City, State, Zip):	Phone: ()	
Parent/Guardian Information		
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Email:	
Employer/School Name:	Phone: [] work () [] school	
Employer/School Address (Street, City, Sate, Zip):	Work/Class Hours: From: To:	
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Email:	
Employer/School Name:	Phone: [] work () [] school	
Employer/School Address (Street, City, Sate, Zip):	Work/Class Hours: From: To:	
Emergency Contact Information (other than parent/guardian or doctor/clinic/hospital, must list at least one emergency contact)		
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Phone: [] work () [] school	
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Phone: [] work () [] school	
Individuals Authorized to Sign-Out & Pick-Up Student (other than parent/guardian or emergency contact, must be age 18+)		
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Phone: [] work () [] school	
Name (First, M, Last):	Relationship to Student:	Phone: [] home () [] mobile
Address (Street, City, State, Zip):	Phone: [] work () [] school	
To Be Completed by AIM		
Enrollment Date:	Disenrollment Date:	AIM is supported and overseen by:
AIM Notes:		  

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Student Health	
Please select one of the following statements: ☐ My child is in good health, is able to participate in group care, and has no special health or medical conditions/requirements. ☐ My child is able to participate in group care, but has the special health or medical conditions/requirements listed to the right.	Please list any special health or medical conditions/requirements (such as allergies, asthma, epilepsy, hyperactivity, seizures, etc.):
Medical Care	
I understand I will be notified as soon as reasonably possible in case of accident or illness to my child, and I will make arrangements for the medical care of my child with the doctor, clinic, or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical care, I authorize AIM and its representatives to contact and make arrangements for my child's care with the following doctor, clinic, hospital, and/or 911 or similar emergency services:	
Doctor/Clinic:	
Name:	Phone: ()
Hospital:	
Name:	Phone: ()
Authorizations	
1) I do ☐ or I do not ☐ authorize AIM to produce and use photos, videos, and/or renderings of my child and family for marketing and reporting purposes, and waive any right to royalties or other compensation related to authorized use. 2) I do ☐ or I do not ☐ authorize my child to participate in field trips under proper supervision, including transportation to and from trip destinations.	
Agreements	
a) I have received and reviewed a copy of AIM's <i>Student, Family, & Community Handbook</i> , which includes policies pertaining to the admission, care, and discharge of AIM students. b) I have been informed that a copy of the Missouri Department of Elementary and Secondary Education, Office of Childhood <i>Licensing Rules for Group Child Care Homes and Child Care Centers</i> is available at the AIM site for review. c) AIM and I have agreed on a plan for continuing communication regarding my child's development, behavior, and needs. d) I understand and agree that when my child is ill, he/she/they might not be accepted for care and might not be able to remain at AIM. e) I understand that before my child can start attending AIM, I must provide documentation of completed age-appropriate immunizations or exceptions from immunizations. f) I understand that I may request notice at initial enrollment and any time thereafter whether or not there are students enrolled in or attending AIM who have filed immunization exceptions. g) I understand AIM seeks to enhance student academic, physical, social, and emotional development, and I authorize AIM to obtain periodic surveys from my child, family, and school to help measure improvement in my child's development. h) I understand AIM is supported and overseen by collaborating partners such as the Saint Louis Mental Health Board, Saint Louis Public Schools, and Stray Dog Theatre, as well as governing agencies such as the United States Department of Agriculture, State of Missouri Department of Elementary and Secondary Education, and City of Saint Louis Department of Health, and I authorize AIM to share information maintained on my child and family among such entities within the confines of section i below. i) I understand AIM collaborating partners and governing agencies will maintain the confidentiality of individual student and family information, though these partners and agencies may use generic, non-specific, or aggregated information for public and private reporting purposes.	
Parent/Guardian Signature:	Date: