STRENGTH AND HONOR MEMBERSHIP APPLICATION

APPLICATION MUST BE COMPLETED IN FULL

Member Information (Child):

First Name: _____Middle: _____ Last Name: _____

Pick Up Password: _____ (To be used if someone other than parents pick up.)

Birth Date: _____Age: ____Gender: _____ Ethnicity: _____

School: _____ Grade Level: _____

Does your child have an Individualized Education Plan (IEP)? Yes _____ No _____

Shirt Size: XS S M L XL Youth____ Adult____

Is your child currently a member at SAH? Yes or No

Weeks you are enrolling for (check each week): Week 1__ Week 2__ Week 3__ Week 4__
Week 5__Week 6__ Week 7__ Week 8__

Head of Household (Parent/Guardian):

First Name: _____ Last Name: _____Gender (Please Circle): M / F

Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone Number: (___) ____ -_____Cell Phone Number: (___) ____-_____

Work Phone Number: (___) ____-_____ Email Address: _____

Employer/School Attended: _____ Family Size: _____

Other Parent/Guardian/Emergency Contact:

First Name: _____ Last Name: _____ Gender (Please Circle): M / F

Address: _____City: _____ State: ___ Zip Code: _____

Home Phone Number: (___) ____ -_____Cell Phone Number: (____) _____-_____
Work Phone Number: (___) ____-_____ Email Address: _____
Employer/School Attended: _____

Strength and Honor Mentoring and Tutoring
(314)723-7582
sahmentoringandtutoring@gmail.com

Head of Household Work/School Schedule

Mon: Tues: Wed: Thurs: Fri:

Other Parent/Guardian/Emergency Contact Work/School Schedule

Mon: Tues: Wed: Thurs: Fri:

Family Demographics:

Family Income (Please Circle): $0 - $9,999 $10,000-$14,999 $15,000-$19,999

$20,000-$29,999 $30,000-$49,999 $50,000-$99,999 $100,000 or above

Family Setting: Biological ____ Adoptive____ Grandparents ____ Foster ____ Other_____

List your other children who attend SAH:

Medical Information

Does your child have medical insurance? Yes____ No____

Where does your child go to basic medical services? Primary Care Physician____ Clinic____ Hospital____

Physician/Clinic/Hospital Name:

Physician/Clinic/Hospital Phone Number:

Primary Insurance Company:

Does your child see a dentist at least once a year? Yes____ No____

Medical Diagnosis(s) (Please Check):

ADD _____ ADHD _____ Autism _____ Asperger's _____

Asthma _____ Allergies (Please List): _____

Does your youth have any food allergies? _____ if so, please list_____

Other (Please List):

******PLEASE NOTE: If your child has asthma or food allergies, we must have an inhaler or EpiPen on site before your child can begin the program.**

Does your youth currently take medication? _____if yes, please list_____

Comments on Child's Development:

Please list any personal development issues, behaviors, habits, or individual needs that SAH needs to be aware of when in custody of your child: _____

Strength and Honor is not a behavioral facility and, therefore, does not offer one-on-one assistance to members who may require it.

Strength and Honor Mentoring and Tutoring
(314)723-7582
sahmentoringandtutoring@gmail.com

Pick Up/Emergency Contact Information (Two Additional Persons Authorized to Take Child from Facility):

Name: _____Relationship to Child: _____

Address: _____City: _____State: ___Zip Code: _____

Home Phone Number: (___) _____ –_____ Cell Phone Number: (__) ____ -_____

Name: _____Relationship to Child: _____

Address: _____ City: _____ State: ___Zip Code: _____

Home Phone Number: (___) ____ –_____ Cell Phone Number: (___) _____ -_____

Emergency Contact? Yes_____ No_____

Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of an emergency with my child, and I will plan for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in the case of critical emergency requiring medical care, I authorize Strength and Honor to contact the closest Medical Center.

Please Initial: _____

Photo, Video and Audio Consent and Release:

By initialing below, I consent and give permission to allow SAH the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating at SAH programs or events.

Please Initial: _____

***This information is immensely helpful to us for future funding:**

Does your child receive Free or Reduced-Price Lunches at school? Yes _____ No_____

Does your child receive Medicaid? Yes _____ No_____

Permission for Member (Please Check):

Is your child allowed to swim? Yes _____ No _____

By signing below, I agree to all terms and conditions of this application

Parent/Guardian Signature: _____ Date: ____

OFFICE USE ONLY

Start Date: _____ New___ Returning___

Strength and Honor Mentoring and Tutoring
(314)723-7582
sahmentoringandtutoring@gmail.com

Parent/Guardian Questionnaire

Dear Parent/Guardian,

You play an especially important part in the success of our mentoring program. Please complete the following questions. This information will help us to properly match your child with a mentor.

Describe how your child is doing in school _____

Describe your child's personality (outgoing, introverted, shy, friendly, confident, stubborn, etc.)

_____

Describe the type of mentor that would best suit your child _____

_____

Do you have a concern regarding the ethnicity/gender of your child's mentor? _____

If yes, please explain _____

What do you hope your child will gain from having a mentor? _____

_____

Do you have any concerns about your child having a mentor? _____

If yes, please explain _____

_____

Has your child experienced the death of a close family member or close friend?

_____

Are there any factors that would prevent your child from participating in this program (transportation or any other responsibilities)?

_____

Additional comments:

_____

_____

Strength and Honor Mentoring and Tutoring
(314)723-7582
sahmentoringandtutoring@gmail.com