



Greensburg Salem High School Cubs' Den Program Application

Child's Name _____ Nickname _____
Last First Middle

Address: _____
Street City Zipcode

Date of Birth: _____ Gender _____ Age _____

**** All children enrolled must be at least 3 years of age by September 1st of the enrolled school year**

Parent Information:

If address is the same as the child's you can write "same as above" in the address box

MOTHER	FATHER
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Please check the telephone number(s) that you may be reached at during the day.

Emergency Contacts: (Please list at least 2)

Name	Address	Phone #	Relationship

Is there any previous medical history that would affect your child's participation in activities? **YES** **NO**

If yes, please explain:

Does your child have any allergies? **YES** **NO**

If yes, please explain:

Is your child toilet trained? **YES** **NO**

(completely toilet trained is a requirement to enter the Cubs' Den Program)

Is your child on medication? **YES** **NO**

If yes, please explain:

Is your child able to speak and understand simple communication? **YES** **NO**

(ex: let others know if they are sick)

Other persons living in the home:

Name:	Age:	Gender:	Relationship:

Describe your child briefly. Tell about likes and dislikes, habits, routines, pets, etc.

(This will aide our high school students in planning and implementing lessons that are of interest and value to your child)

Due to high school students' safety and protection Greensburg Salem has the discretion to revoke enrollment in the child development program due to behavioral or developmental concerns.

Signature of Agreement

Parent/Guardian Signature _____

Please email completed forms to: tiffany.smietanalyse@gslions.net