



St. Mary's Elementary F.A.S.T. Club 2018-2019 School Year Information Sheet

Child Information

Child's Name: _____

Date of Birth: _____ Grade: _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Siblings that are in F.A.S.T. Club _____

Academic Information

My child needs academic guidance in the following areas:

- | | |
|---------------------------|------------------|
| ___ ELA | ___ Science |
| ___ History | ___ Study Skills |
| ___ Math | ___ Technology |
| ___ Organizational Skills | ___ Writing |
| ___ Reading | ___ other: _____ |

*Do you want your child to complete their homework daily? ___ YES ___ NO

Health Information

Please indicate if your child has been treated by a medical professional for any of the following:

- | | |
|-------------------------|-------------------------------|
| ___ ADHD | ___ Heart Trouble/Murmur |
| ___ Asthma | ___ Insect Sting Allergy |
| ___ Diabetes | ___ Medication Allergy: _____ |
| ___ Food Allergy: _____ | ___ Seizures/Convulsions |
| | ___ Other: _____ |

My child requires prescription medication(s) (i.e. EpiPen, Inhaler, and/or Benadryl) while in the program:

___ Yes ___ No *If yes, please specify _____

Parent signature: _____ Date: _____