VARIETY PROGRAM APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146
P: 314-720-7717 • F: 314-731-6866

Child's Information

Child's Name: _____

Birth Date: _____ Male/Female: _____

Child's Primary Diagnosis:

_____

_____

Additional Diagnoses:

_____

_____

_____

_____

_____

_____

Parent/Guardian's Information

Primary Guardian(s): _____

Relationship to child: _____

Primary Address:_____

City/State: _____ZIP: _____

County: _____

Home: Phone: _____

Cell Phone:_____

Work Phone: _____

Email: _____

*Your response to the following question is optional and will not affect the status of your application. The information requested is useful to St. Louis Variety in grant applications and other activities seeking additional funding for our programs.

What is your child's race/ethnicity:

___African American ___ Asian/Pacific Islander ___Caucasian ___Eastern European
___Hispanic/Latino ___Native American ___Multi-Racial ___Other

What programs are you interested in? (mark as many as you like)

___ Adventure Camp
___ Chorus
___ Dance Class
___ Variety Children's Theatre
___ Wehrenberg Movie Tickets
___ Sibling Group

School or Program Child attends: _____ School District: _____

How did you hear about Variety? _____

Assessments

The equipment that we provide will not be possible without the many generous individuals, companies, and foundations within the Greater St. Louis community who contribute to Variety. Our programs depend on the giving hearts of these benefactors. With that in mind, we will ask you to share with us how your child's piece of equipment has positively impacted his/her life, and that of your family.

Your responses will be critical to increasing funding for this important program, and all responses will be kept confidential unless you grant specific permission to share your identifying information. Please help us to help more children with physical and developmental disabilities by completing the assessment

I understand that I will be asked to complete an assessment as part of my Variety application if I am given equipment/services.

Parent or Guardian Signature: _____

Parent or Guardian Printed Name:_____Date:_____