

# VARIETY PROGRAM APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146  
TELEPHONE 314-720-7700      FAX 314-731-6866

**Upon submission of this application, you will begin to receive monthly Variety Family e-newsletters as well as information on Variety events, programs, and support resources.**

### 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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 assistance programs.

### **What is your child's race/ethnicity:**

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic or Latino or Spanish origin	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> Multi-Racial

**School Child Attends:** \_\_\_\_\_ **School District Child Attends:** \_\_\_\_\_

**How did you hear about Variety?** \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Completed applications can be:**

Mailed: 11840 Westline Industrial Dr, STE 220, St. Louis, MO 63146.

Faxed: 314-731-6866

Emailed: [Robin@VarietySTL.org](mailto:Robin@VarietySTL.org)