



VARIETY PROGRAM APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146
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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

School or Program Child attends: _____ School District: _____

How did you hear about Variety? _____

Assessments

The services that we provide will not be possible without the many individuals, companies, and foundations within the Greater St. Louis community who contribute to Variety. Our programs depend on the generosity of these benefactors. With that in mind, we will ask you to share with us how our programs have positively impacted your child's life, and that of your family. Please help us to help more children with physical and developmental disabilities by completing an assessment.

Your responses will be critical to increasing funding for these important programs and all responses will be kept confidential unless you grant specific permission to share your identifying information.

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: _____