



# CROOK COUNTY KIDS CLUB

The place to be after school

How would you liked to be billed? Monthly \_\_\_\_\_ Daily \_\_\_\_\_ Yearly \_\_\_\_\_ Please invoice me via PayPal \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ Receive important Club info via email? Y \_\_\_ N \_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Family Information

**Head of Household (who to call first):** \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**Other Parent:** \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

### Members Information

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

### Emergency Contact Information: Who to call if we can't reach you?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Pick Up? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Pick Up? \_\_\_\_\_

Any allergies and/or medications?  
\_\_\_\_\_

Names of **ANYONE** who can pick up your child.  
\_\_\_\_\_  
\_\_\_\_\_

Child lives with (both parents, mother, father, joint, grandparents) \_\_\_\_\_

### Information For Funding Purposes Only

Primary Language spoken by children \_\_\_\_\_

Children's ethnicity \_\_\_\_\_

Does your family receive ADC \_\_\_\_\_, Food Stamps \_\_\_\_\_, General Assistance \_\_\_\_\_, SSI \_\_\_\_\_, Veterans Asst \_\_\_\_\_

Estimated Annual Family Income \$0-12,000 \_\_\_\_\_, 12,000-17,000 \_\_\_\_\_, 17,000-25,000 \_\_\_\_\_, 25,000-35,000 \_\_\_\_\_, 35,000-45,000 \_\_\_\_\_, Over \$45,000 \_\_\_\_\_.

### Parent or Guardian Approval

I, the parent/guardian of the above-listed applicant(s) for membership in the Crook County Kids, Inc. program hereby give my consent to his/her/their participation in the program and to their being given a physical exam or emergency treatment by a physician or hospital in case of an emergency. I hereby give my permission to use photos of my child for publicity purposes.

Crook County Kids Inc, is NOT a licensed childcare facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

