

School Year '23-24 updated 2-13-23



(All information is kept CONFIDENTIAL)

NAME: _____ **BIRTHDATE:** _____

Male ___ Female ___ **SCHOOL:** MacArthur Lincoln Denfeld Other _____ **GRADE** _____

NAME: _____ **BIRTHDATE:** _____

Male ___ Female ___ **SCHOOL:** MacArthur Lincoln Denfeld Other _____ **GRADE** _____

NAME: _____ **BIRTHDATE:** _____

Male ___ Female ___ **SCHOOL:** MacArthur Lincoln Denfeld Other _____ **GRADE** _____

ETHNICITY OF CHILD: *Please check all of the following that apply*

- | | |
|---|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Check if you are also of Hispanic Ethnicity |

(Information is for statistical purposes only and to verify grant eligibility; it has no bearing on your service or acceptance.)

Type(s) of assistance if received: *(information used only to second party verify income and has no bearing on service or acceptance)*

Free or Reduced Lunch General Assistance Housing Assistance SSI Benefits

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **STATE** _____ **ZIP CODE** _____

E-Mail Address _____

HOME PHONE: _____ **MOBILE/CELL PHONE:** _____

Other Number(s) (if cannot connect to numbers above) _____

NUMBER OF FAMILY MEMBERS (Living in the home) 1 2 3 4 5 6 7 8 9 10 over 10

YEARLY INCOME: (Voluntary) \$ _____

RELEASES: I DO NOT give my consent to the Valley Youth Center to have access to checked below.

Leave Blank if you are ok with your child as it pertains to below

PHOTOS/VIDEO GRADES/ATTENDANCE ACTIVITY PERMISSION by PHONE

↑ REMINDER CHECKING ABOVE IS TELLING THE VYC YOU DO NOT GIVE CONSENT

MEDICAL COVERAGE # _____ **Company** _____ **Condition(s)** _____

HOSPITAL/Care Provider Preference _____

By filling out this form, I understand the Welch Center inc. dba VALLEY YOUTH CENTERS has permission to use and/or access information on my child knowing the usage will be confidential, never put my child in harms way, and to make the program more successful. I also understand by signing below I will not hold any Welch Center Inc. dba Valley Youth Center's employee, board member, volunteer, or affiliate liable for any accidental injury, illness, or mental anguish claims which could occur to my child. "I certify that the above information on this form is accurate and complete. By signing below I give my consent to share this information with various funding sources to help meet funding requirements."

PARENT SIGNATURE: _____ **DATE:** _____