|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM NAME** | | PROGRAM NAME | | | | | |
| **PARENT/CAREGIVER INFORMATION** | | | | | | | |
| **BIO PARENT #1** | | | |  | **BIO PARENT #2** | | |
| **FIRST NAME:** | FIRST NAME | | |  | **FIRST NAME:** | FIRST NAME | |
| **LAST NAME:** | LAST NAME | | |  | **LAST NAME:** | LAST NAME | |
| **ATTENDING PROGRAM:** | | | **YES  NO** |  | **ATTENDING PROGRAM:** | | **YES  NO** |
|  | | | | | | | |
| **CAREGIVER #1** (if different than above) | | | |  | **CAREGIVER #2** (if different than above) | | |
| **FIRST NAME:** | FIRST NAME | | |  | **FIRST NAME:** | FIRST NAME | |
| **LAST NAME:** | LAST NAME | | |  | **LAST NAME:** | LAST NAME | |
| **ATTENDING PROGRAM:** | | | **YES  NO** |  | **ATTENDING PROGRAM:** | | **YES  NO** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION** | | | | | | | | | | |
| **CHILD #1** | | | | |  | **CHILD #2** | | | | |
| **FIRST NAME:** | FIRST NAME | | | |  | **FIRST NAME:** | FIRST NAME | | | |
| **LAST NAME:** | LAST NAME | | | |  | **LAST NAME:** | LAST NAME | | | |
| **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |  | **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |
| **ATTENDING PROGRAM:** | | | **YES  NO** | |  | **ATTENDING PROGRAM:** | | | **YES  NO** | |
|  |  | | | |  |  |  | | | |
| **CHILD #3** | | | | |  | **CHILD #4** | | | | |
| **FIRST NAME:** | FIRST NAME | | | |  | **FIRST NAME:** | FIRST NAME | | | |
| **LAST NAME:** | LAST NAME | | | |  | **LAST NAME:** | LAST NAME | | | |
| **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |  | **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |
| **ATTENDING PROGRAM:** | | | **YES  NO** | |  | **ATTENDING PROGRAM:** | | | **YES  NO** | |
|  |  | | | |  |  |  | | | |
| **CHILD #5** | | | | |  | **CHILD #6** | | | | |
| **FIRST NAME:** | FIRST NAME | | | |  | **FIRST NAME:** | FIRST NAME | | | |
| **LAST NAME:** | LAST NAME | | | |  | **LAST NAME:** | LAST NAME | | | |
| **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |  | **AGE:** | AGE | **STATUS:** | | CIC/NOT IN CARE |
| **ATTENDING PROGRAM:** | | | **YES  NO** | |  | **ATTENDING PROGRAM:** | | | **YES  NO** | |

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| **CONTACT INFORMATION** | | | |
| **ADDRESS** | ADDRESS | **PHONE NUMBER** | PHONE NUMBER |
| **\*EMAIL** | EMAIL IS REQUIRED FOR VIRTUAL PROGRAMMING | | |

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| **WORKER INFORMATION** | | | |
| **NAME** | NAME | **UNIT** | UNIT |
| **EMAIL** | EMAIL | **PHONE NUMBER** | PHONE NUMBER |

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| --- | --- | --- | --- |
| **HOUSEHOLD INFORMATION** | | | |
| **LAPTOP NEEDED?** | ONE TABLET WILL BE LOANED PER HOUSEHOLD | **INTERNET AVAILABLE?** | IS THERE INTERNET IN THE HOME? |

|  |
| --- |
| **OTHER IMPORTANT INFORMATION** |
| **Any other information needed for child/ren’s participation?** |
| PLEASE LIST HERE |