|  |  |
| --- | --- |
| **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** |

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| **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 | **CELL PHONE NUMBER** | CELL PHONE NUMBER |

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| **EMERGENCY CONTACT INFORMATION** |
| **NAME** | NAME | **PHONE NUMBER** | PHONE NUMBER |
| **ADDRESS** | ADDRESS | **RELATIONSHIP** | RELATIONSHIP |

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

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| **TRANSPORTATION** *(X)* |
|[ ]  **PLACEMENT TO PROVIDE** |[ ]  **PARENT/GUARDIAN TO PROVIDE** |
|[ ]  **BUS TOKENS** |[ ]  **OTHER:** PLEASE STATE |

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| **SUPERVISION** *(X)* |
|[ ]  **REQUIRED** | **NOTES:** | PLEASE STATE |
|[ ]  **NOT REQUIRED** |  |  |

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| **CHILDCARE** *(X)* |
|[ ]  **REQUIRED** |[ ]  **PARENT/GUARDIAN TO PROVIDE** |
|[ ]  **NOT REQUIRED** |[ ]  **OTHER:** PLEASE STATE |

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| **OTHER IMPORTANT INFORMATION** |
| **Please list any other information needed for child/ren’s participation including:**- Medical Information- Allergies- Safety concerns |
| PLEASE LIST HERE |