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

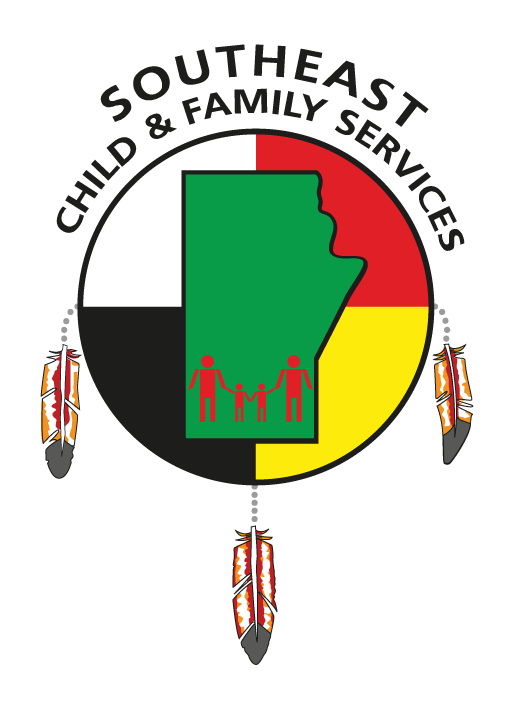
|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION** | | | | | | | | | |
| **CHILD #1** | | | | |  | **CHILD #2** | | | |
| **FIRST NAME:** | FIRST NAME | | | |  | **FIRST NAME:** | FIRST NAME | | |
| **LAST NAME:** | LAST NAME | | | |  | **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** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | |
| **ADDRESS** | ADDRESS | **PHONE NUMBER** | PHONE NUMBER |
| **EMAIL** | EMAIL | **CELL PHONE NUMBER** | CELL PHONE NUMBER |

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

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

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

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

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