

<p>Total Income in the Household Please Circle One</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Below \$21,775</p> <p style="text-align: center;">\$21,775-\$29,471</p> <p style="text-align: center;">\$29,472-\$37,167</p> <p style="text-align: center;">\$37,168-\$44,863</p> <p style="text-align: center;">\$44,864-\$52,559</p> <p style="text-align: center;">\$52,560-\$60,255</p> <p style="text-align: center;">\$60,256-\$67,951</p> <p style="text-align: center;">\$67,952-\$75,647</p> <p style="text-align: center;">Above \$75,647</p> </div>	<p>Number of people in home</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Including Parents</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">Confidential: The Following information IS necessary for our records and <u>the funding our organization receives</u>. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.</p> </div>
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Medical/Emergency

<p>Medical Issues/Allergies/Food Allergies</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<p>Medications and Doses if needed...</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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Transportation

<p style="text-align: center;">Please Circle One...</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;">Pick Up</div> <div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;">Walk /Bike</div> </div>	<p style="text-align: center;">Please List Person(s) Allowed to Pick up Child...</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Baker Youth Club, their representatives, successors, insurers, assigns or any other person or entirely associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damaged, injury or death and any claim of damages resulting from use of facilities owned or controlled by the organizations, or participation in activities of said organizations either at or away from the Club.

I give permission to the Baker Youth Club to seek emergency medical treatment for my minor child if I cannot be reached.

I give my permission to the Baker Youth Club and to Kosciusko County Schools and/or Warsaw Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the students be successful in school, in the Baker Youth Club and in life. This release is valid for one year and may be revoked at any time by contacting Warsaw Community Schools or the Baker Youth Club in writing.

I give my consent for photographs in which my child may appear to be used in any way the Baker Youth Club may care to use them.

I understand that the Baker Youth Club is not responsible for lost or stolen items.

I have read the completed application, understanding the rules of Baker Youth Club and request that my child be admitted into membership.

INT

Parent/ Guardian Signature

Date



1401 E Smith St. Warsaw, IN 46580
 Phone: 574-267-8771
 Fax: 574-306-2277

2018
 Summer Program

Date Recv'd	Credit/Debit	<input type="checkbox"/>
<input type="text"/>	Cash	<input type="checkbox"/>
Employee Initials	Check #	<input type="checkbox"/>
<input type="text"/>		

Contact

Child's First Name M.I. Child's Last Name

Address: City: State: Zip Code:

Parents / Guardians: Home Phone: Cell Phone:

Emergency Contact (outside of the household): Home Phone: Cell Phone:

EMAIL

Demographic

<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday <input type="text"/> Age <input type="text"/> Grade <input type="text"/>	Ethnicity: Please Circle One <table border="1"> <tr> <td>African American</td> <td>Caucasian</td> <td>Hispanic</td> </tr> <tr> <td>Asian</td> <td>Arab</td> <td>Russian</td> </tr> <tr> <td>Multi-Racial</td> <td colspan="2">Other <input type="text"/></td> </tr> </table>	African American	Caucasian	Hispanic	Asian	Arab	Russian	Multi-Racial	Other <input type="text"/>	
African American	Caucasian	Hispanic									
Asian	Arab	Russian									
Multi-Racial	Other <input type="text"/>										
What School does the Child Attend? <input type="text"/>	Primary Adult(s) Member Lives With: (Please Circle One) <table border="1"> <tr> <td>Mother Only</td> <td>1 Parent/1 Step</td> <td>2 Parents</td> </tr> <tr> <td>Father Only</td> <td>Grandparents</td> <td>Foster Care</td> </tr> </table>	Mother Only	1 Parent/1 Step	2 Parents	Father Only	Grandparents	Foster Care	Total In Household <input type="text"/>			
Mother Only	1 Parent/1 Step	2 Parents									
Father Only	Grandparents	Foster Care									
Member Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years? <input type="text"/>										

Parent/ Guardian Info

Father/ Guardian's Name <input type="text"/>	Father/Guardian's Employer <input type="text"/>	Work Phone & Ext <input type="text"/>
Mother/ Guardian's Name <input type="text"/>	Mother/Guardian's Employer <input type="text"/>	Work Phone & Ext <input type="text"/>