

2012-13 Confidential Participation Information Form

REQUIRED INFORMATION

PLEASE PRINT CLEARLY

Name: _____
Last First Spouse's Name

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Numbers: (home) _____ (cell) _____ (work) _____

Email Address: _____ Are you on Facebook? _____

Please tell us about the children in your family:

Name Date of Birth Special Needs

<i>Name</i>	<i>Date of Birth</i>	<i>Special Needs</i>

PHOTO RELEASE:

____ Yes, I give permission for my child(ren)/myself to be photographed while attending activities sponsored by the Watertown Family Center. I understand these photos may be used for publicity purposes.

Parent Signature: _____ Date: _____

____ No, I do not want photos of my child(ren)/myself to be used for publicity purposes.

Parent Signature: _____ Date: _____

In Order To Participate in programs, Liability Release Form must be completely filled out.

Liability Release Form

It is understood that the Watertown Family Center, or their employees will not be held liable should accident/injury or illness occur while participating in Family Center programs at the Center or other locations. Parent/Guardian are responsible to supervise their own child(ren). Every effort will be made to provide a safe supervised environment for young children.

Names and ages of children: _____

Name and phone # of Emergency Contact: _____

Name and phone # of Physician: _____

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____ Date: _____

Guardian Liability Waiver

(Fill out if someone else will be bringing your child to the WFC)

I _____ give my child/children permission to attend the Watertown Family Center with my child care provider, family member, or friend.

Name of Person Bringing Child/Children: _____

Parent Signature: _____ Date: _____

*The programming that is available at the Watertown Family Center is made possible by grants, fundraising and community donations. Please note that nearly 60% of the funding is from grants. Our funders require us to maintain statistics. All information remains confidential, no names are used, and information used is just for grant writing. **PLEASE COMPLETELY FILL OUT.** Thank you for your help with this matter!*

Age: <input type="checkbox"/> 20 and Under	Race: <input type="checkbox"/> White/Non Hispanic	Marital Status: <input type="checkbox"/> Married
<input type="checkbox"/> 21-30	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Single
<input type="checkbox"/> 31-40	<input type="checkbox"/> African American	<input type="checkbox"/> Widowed
<input type="checkbox"/> 41-50	<input type="checkbox"/> Native American	<input type="checkbox"/> Divorced
<input type="checkbox"/> 51+	<input type="checkbox"/> Other _____	<input type="checkbox"/> Separated
		<input type="checkbox"/> Cohabiting

Education: <input type="checkbox"/> GED	Number of children in your home who are:
<input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> MATC/Tech School	<input type="checkbox"/> Hispanic
<input type="checkbox"/> College Degree	<input type="checkbox"/> African American
<input type="checkbox"/> Other _____	<input type="checkbox"/> Native American
	<input type="checkbox"/> Other _____

Are you employed :	Is your spouse/partner employed:	Combined Household Income:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> \$0-\$18,000
<input type="checkbox"/> Part-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> \$18,101-\$24,073
<input type="checkbox"/> Stay-At-Home Parent	<input type="checkbox"/> Stay-At-Home Parent	<input type="checkbox"/> \$24,074-\$33,485
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> \$33,486-\$36,300
<input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> \$36,301-\$45,250
<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> \$45,251-\$49,775
		<input type="checkbox"/> \$49,776-\$54,300
		<input type="checkbox"/> \$54,301-\$63,300
		<input type="checkbox"/> \$63,351 and over

Number of children in your home with disabilities: _____

Does your child see a healthcare provider?	Are immunizations up to date?
<input type="checkbox"/> For regular exams and when sick	<input type="checkbox"/> Yes
<input type="checkbox"/> Only when sick	<input type="checkbox"/> No
<input type="checkbox"/> Doesn't see healthcare provider	<input type="checkbox"/> Prefer my child not to be immunize

THANK YOU!