

## ARROWWOOD HILLS COMMUNITY CENTER TEEN PROGRAM REGISTRATION FORM

### Teen Registration Information

|                       |               |                |
|-----------------------|---------------|----------------|
| Last Name             | First Name    | M.I.           |
| Age                   | Date of Birth | Male or Female |
| Address               |               | City           |
| Father/Legal Guardian |               | Home Phone     |
| Mother/Legal Guardian |               | Work Phone     |
|                       |               | Cell Phone     |
|                       |               | Cell Phone     |

### If Parents Cannot Be Reached, Call (Emergency Numbers)

|      |                       |                  |
|------|-----------------------|------------------|
| [1]  |                       |                  |
| Name | Relationship to Child | Phone Number (s) |
| [2]  |                       |                  |
| Name | Relationship to Child | Phone Number (s) |

### Name of School Attending

### Siblings in Community Center Programs

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### Child's Physician / Health Clinic

|      |         |              |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

What are your child's hobbies, skills or interest? What school subjects need nurturing?

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What would you like to see offered at the Community Center as far as programming, events, services and educational opportunities for you, your family and your child(ren)?

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Are there any special medical considerations for your child? Please give details of limitations including illnesses, diabetes, allergies, asthma, and common courses of necessary treatment. List food allergies or any restrictions

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*\*optional; This question is used for statistical purposes to satisfy grant reporting requirements.*



Please provide any additional information about conditions concerning your child's behavior, physical, emotional, and/or mental health in which the camp staff should be aware. If your child requires special accommodations, we must know at least two weeks in advance so we can make the proper arrangements. Please let us know if your child does not speak English fluently.

Please circle the your income description and family size only. Income description is Median, Lower Very Low, and Extremely Low Income. We do not need to know the exact amount only the category you fit in. If your income is below family size circle LI, VLI, or ELI. If you have any questions please feel free to ask. Only circle the description of your income do not circle the amount of income.

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**PLEASE CIRCLE FAMILY SIZE**

| Circle Family Size  | 1 Person  | 2 Person   | 3 Person   | 4 Person  | 5 Person  | 6 Person  |
|---|-----------|------------|------------|-----------|-----------|-----------|
| Median Income <span style="margin-left: 100px;">MI</span>               | \$ 54,600 | \$ 62,400  | \$ 70,200  | \$ 78,100 | \$ 84,300 | \$90,500  |
| Lower Income(80%) <span style="margin-left: 100px;">LI</span>           | \$ 40,600 | \$ 46,400  | \$ 52,200  | \$ 58,000 | \$ 62,650 | \$ 67,300 |
| Very Low Income(50%) <span style="margin-left: 100px;">VLI</span>       | \$ 27,300 | \$ 31, 200 | \$35,100   | \$ 39,050 | \$ 42,150 | \$ 45,250 |
| Extremely Low Income (30%) <span style="margin-left: 100px;">ELI</span> | \$ 16,400 | \$ 18,750  | \$ 21, 100 | \$ 23,450 | \$ 25,300 | \$ 27,200 |

**THE FOLLOWING QUESTIONS ARE FOR GRANT REPORTING PURPOSES ONLY. THIS INFORMATION IS REQUIRED TO ENSURE CONTINUED FUNDING BY ARBOR CDBG.**

Print name of the head of the household: \_\_\_\_\_ Circle: Male / Female

Circle: Relationship to child:

Grandparents      Single Head of Household      Two Parent Family      Guardian

**Please breakdown your household composition (family size)**

# \_\_\_ Adults # \_\_\_ Children # \_\_\_ Elderly

Sibling \_\_\_\_\_ Male/Female Age \_\_\_\_\_

Sibling \_\_\_\_\_ Male/Female Age \_\_\_\_\_

**Please Read and Sign:**

I hereby give permission to Arrowwood Hills Community Center staff to perform basic first aid on my child and/or contact the appropriate hospital, emergency clinic or agencies to secure and administer treatment should the need arise. I assert that the person described herein has permission to engage in all after school activities except as noted.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

The Arrowwood Hills Cooperative Community Center staff occasionally takes pictures to promote the Community Center programs in Cooperative promotional materials such as brochures, flyers, display boards, slide presentations, web site and/or videos. I hereby agree to allow my child to be photographed for this purpose.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information is for grant reporting only and will remain safe and confidential. Statistics are relevant as it helps us to satisfy grants and compete for other federal initiatives. If you have any question please contact the Community Center at 665-6629.*

