** Payson Community Kids Inc.**

**Permission, Release and Medical Consent Form - Fall 2022-Spring 2023**

Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ Sex:\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This is necessary information for PCK to communicate directly with your child(ren’s) teachers as we are an educational-based program and do require homework or improvement on school-work, every day for 30 minutes.)

Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Primary Language: (check one): English Spanish Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission & Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name of parent/guardian) being the parent or legal guardian of the above listed minor child give my permission and consent for said child to participate in the activities of Payson Community Kids, Inc. (the “Organization”), both on the Organization’s premises and elsewhere. I authorize my child to be transported to and from activities in a vehicle driven by someone other than his or her own parent or legal guardian. I understand that all reasonable safety precautions will be taken by the leaders of the activities and that the possibility of an unforeseen hazard does exist. In consideration of the opportunity given to my child to participate in the activities of the Organization, I release the Organization, its directors, officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child’s participation in Organization activities. I further agree to indemnify, defend and hold harmless the Organization, its officers, agents, employees, staff and volunteers from any and all claims, demands or causes of action which are in any way connected with my child’s participation in Organization activities.

My child may participate in PCK community field trips (by bus) during PCK hours: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**Consent to Medical Treatment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian) being the parent or legal guardian of the above listed minor child/children consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctor, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Primary Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication, Allergies and special information:**

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* If your child has food allergies we appreciate you providing their appropriate snacks &/or meals. We will store them and disperse during regular PCK snack and meal times. We do our best but do not always have the appropriate foods. Each child is different so we want to work together.**

Special Medical Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is injured during PCK hours we will administer appropriate first aid care. If the injury is severe or needs more than a band-aid or ice pack, if a fever is present ( 99.6 or above ) or they are unable to actively participate in regular PCK activities you will be notified for pick up.

I understand and agree that this permission, release and consent shall remain in effect until revoked in writing, and I understand and agree that it is my responsibility to update my child’s medical and insurance information on an annual basis.

By my signature below, I acknowledge that I have read and fully agree to the terms of this **Permission, Release and Medial Consent Form** and that it is my intention to execute a complete and unconditional release of all liability to the full extent of the law.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payson Community Kids Inc.,**

**Emergency Contact and Pick-Up Authorization Form (Only 1 per family is needed)**

Regular program hours are Monday – Thursday, afterschool until 5:30pm. Your child must be picked up by **5:30pm**. Failure to do so could result in suspension from program.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional siblings attending PCK: N/A (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information If we are unable to reach you at the numbers provided on page 1.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-Up Authorization**

Is there any other person permitted to pick up your children ***other than listed on the emergency contact information?*** Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ If yes, please provide information below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have a specific person (or people) that cannot pick up or interact with my child(ren)* \_\_Yes\_\_No **\*\*\*\*If Yes, please notify the office and provide documentation and photo.\*\*\*\***

* **My child(ren) has/have permission to walk home. \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no**

Walkers are released approx. 5:15 each day. Please call the office @ 928-478-7160 if your need changes.

**Payson Community Kids Inc.,**

**Photograph Consent**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Siblings, if attending PCK) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to and authorize the taking of photographs and the use and reproduction, in print or electronic format by Payson Community Kids, Inc. (the “Organization”) or anyone authorized by the Organization, of any and all photographs which have been taken of me and/or my child(ren) for any purpose, including but not limited to, promotional, publicity or fund raising purposes, without compensation. I release the Organization, the photographer, their directors, officers, employees, agents, and designees from liability for violation of any personal or proprietary right I may have in connection with such use. All images, electronic, negatives and positives, together with the prints, are owned by the Organization.

I hereby acknowledge that have read and understood the terms of this consent. This agreement has no expiration unless permission is evoked in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Payson Community Kids Inc.,**

 **Behavior Agreement** (each child must sign, additional copies available upon request)

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*All children from ages six years to eighteen years of age are welcome to attend Payson Community Kids’ After School program.

\*Parents are invited and encouraged to participate.

**\*Each child who attends PCK and their parents must read and sign the following behavior policy within the first week of PCK.**

All children who attend must follow the behavior policy and all rules of the program and be respectful of the staff. If the child is not respectful, has violated the behavior policy or broken any rules, they are subject to suspension or expulsion from the program and its benefits.

**POSITIVE REINFORCEMENT** PCK Cash is part of our Positive Reinforcement program. Each child will have several opportunities daily to earn “PCK Kids cash”. “Cash” is given for participation, completing homework, sharing, cleaning up, etc….The “cash” can be spent at our PCK store for a variety of things. Toys, gifts, candy…. Store is open at least once per month and as needed.

**UNACCEPTABLE BEHAVIOR**

• Refusing to follow PCK rules as directed by instructors or staff.

• Leaving PCK buildings or grounds during sessions without proper permission.

• Inappropriate use of electronic devices.

• Participating in or encouraging physical violence or aggression against another individual.

• Participating in or encouraging others to participate in acts that bully, threaten, put down, exclude, or

 verbally abuse other individuals.

• Use of inappropriate or disrespectful language, including threatening to harm another person.

• Persuading a student into committing an act that risks harm or embarrassment in order for that

 student to be included in group or activity.

• Purposely damaging PCK property or purposely damaging another person’s property.

• Taking, or having possession of, another person’s property without their permission.

• Adding or attempting to add foreign substances to food or beverages.

• Use or possession of any tobacco products.

• Bringing, accessing, or discussing material that is considered inappropriate for the program, i.e. material

 intended for adults.

**CONSEQUENCES**

Unacceptable behavior will result in consequences to the participant. Consequences may include:

1. Early release from PCK
2. Suspension from PCK
3. Restitution or repayment of damages
4. Denial of future participation in PCK programs.

NOTE: Any conduct deemed inappropriate by staff will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the staff in charge will provide appropriate communication to parents/guardians.

**(A copy for your records of the above Behavior Agreement is available upon request)**

By signing below the parent hereby agrees to the required behavior policy and rules, acknowledges that his or her child may be suspended or expelled from the program if the child is not respectful, violates the behavior policy or breaks any rules and agrees to discuss the behavior policy and rules with their child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***Student must complete below****:*

By signing this agreement, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow the behavior policy and all rules set forth by Payson Community Kids Inc., and acknowledge, if I do not, I may be suspended or expelled from the program and its benefits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Family Information -** Information now needed for us to continue receiving snacks!

Primary parent Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Primary attending Child’s Name & Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American

 Native Hawaiian or other Pacific Islander White

**\*Additional sections for additional children in household:**

1. Child’s Name & Age/grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American

 Native Hawaiian or other Pacific Islander White

1. Child’s Name & Age/grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American

 Native Hawaiian or other Pacific Islander White

1. Child’s Name & Age/grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American

 Native Hawaiian or other Pacific Islander White

\*Please check all that apply

Single Parent \_\_\_ Receives State Assistance Food Stamps \_\_\_ State Medical \_\_\_ Unemployment\_\_\_ Disability\_\_\_

Child lives with guardian other than natural parent\_\_\_ Lives in shelter / temporary housing \_\_\_

Child receives free lunch \_\_\_ Reduced lunch \_\_\_\_\_

Number of people living in home \_\_\_\_\_\_\_\_ Adults \_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_\_

Household needs: We receive lots of calls regarding appliances, furniture, clothing, etc… we turn several donations down since we don’t have storage. If we know what you need we can take it in and give you a call. Even if you don’t have a need now please give us a call when you do. We are happy to help!

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If you can help in any way: PCK is always in need of volunteers for a variety of needs, or perhaps you have an excess of something that another family is in need of, or perhaps you are just really good at something and can share that gift with PCK in some way. Please list your talent or area where you can potentially help, here:

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Thank you. All information remains confidential.

Those requesting Christmas assistance will be asked to complete an updated questionnaire with clothing sizes and additional information in October.

*It is your responsibility to notify PCK immediately*

*If there are any changes to the above information.*