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Payson Community Kids Inc. Initial Request for Consideration of School Year 2025-2026

Completion of this form does not guarantee placement in the program, this form only expresses that there is interest and/or a need. A full registration packet must be completed prior to starting the program. Complete enrollment forms will be provided at a later time.

Please return form to PCK, you may place in the secure drop box out front.

Child's Name: _____ Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Additional siblings 18 or younger in household: ☐ No ☐ Yes Total # of Children in household 18 or younger _____

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Contact info:

Parent/Guardian Address: _____

Cell Phone: _____ Text ok? ☐ Yes ☐ No Parent/Guardian Primary Language (check one):

Work Phone: _____ Home Phone: _____ ☐ English ☐ Spanish
☐ Other (*specify*): _____

Email: _____

Social Media Tags: _____

☐ I authorize PCK to communicate with me via any methods provided, including text, email, and socials. Social media will only be used to contact you if you are unable to be reached by the conventional means of phone/text and the need is urgent and/or time-sensitive.

Demographic Information *Please check *all that apply*

Single Parent ___ Single Income ___ Receives State Assistance Food Stamps ___ Receives State Medical ___

Unemployment ___ Disability ___ Child qualifies for free lunch ___ Reduced lunch ___

Child lives with a guardian other than natural parent ___ Lives in shelter / temporary housing ___

Has lived with present guardian(s): 7+ years ___ 5+ years ___ 3 or fewer years ___ Less than 1 year ___

Demographic Information ctd. Please provide the following data

Number of people living in home _____ Adults _____ Children _____

Household needs:

Required: What hardships would PCK enrollment for your child(ren), help you/your family to overcome:

Parent/Guardian Signature

Parent/Guardian Name (Print First & Last Name)

Date