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Interview	

**Payson Community Kids Inc.  
Initial Request for Consideration of School Year 2026-2027**

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. Submission of this form indicates that the listed child can independently use the bathroom without assistance. 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 pre k or younger in household:** \_\_\_\_\_ **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 biological parent \_\_\_ Lives in shelter / temporary housing \_\_\_  
 Has lived with non-birth 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