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TREE HOUSE MEMBERSHIP FORM

Parent/Caregiver Information: Start Date: _____ Year of Entry: _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Phone #: _____

Email Address: _____ (to send announcements, etc)

Affiliated with: ___ BHK ___ MTU ___ Portage Health ___ Aspirus Keweenaw
 ___ Finlandia ___ CCISD ___ CCMH ___ Early On ___ DHHS Other _____

Child(ren)'s First & Last Name	Date of Birth	Country of Birth	Race	Gender	Allergies –please list	Address & Phone # <i>(ONLY if different from address above)</i>

School District: _____ Are you receiving WIC? YES NO

How did you learn about us? _____

REQUIRED: Emergency Contact (other than yourself): _____ Phone#: _____

Signature: _____ Date: _____

Public Relations Permission: I, _____, give the Keweenaw Family Resource Center my permission to take and use pictures of myself and my child (listed above) on CCGSC publications, website, Facebook, newspaper, etc. until further notice.

Name (please print): _____

For grant reporting purposes, the following questions have been requested. This information will be used for demographic analysis only.

Sex (circle one): Male Female	Age: _____ years	Marital Status (circle one): Married Divorced Single
Race (circle one): White Black Asian Hispanic Native American Pacific Islander Other: _____		
# of adults in household: _____	# of children in household: _____	
Family Income (check one): _____ \$0 - \$16,020 _____ \$16,021-\$24,300 _____ \$24,301-\$32,040		
_____ \$32,041, - \$40,320 _____ \$40,321 - \$48,600 _____ \$48,601 - \$56,880 _____ \$56,881 - \$65,160		
_____ \$65,161-\$73,460 _____ \$73,461+		

OFFICE USE ONLY

Membership Options):

___ Daily ___ One Year - \$200 ___ Academic Year - \$150 (Sept 1 – May 31st) ___ Summer - \$50 (June 1 – August 31)

___ Academic Semester - \$80 (Sept 1 –Jan 15th or Jan 15 –May 31st) ___ Monthly - \$20/month (# months purchased ___)

___ Punch Card ___ Scholarship

Membership#: _____ Date Membership Paid: _____ Membership Valid Through: _____

Payment Type: Cash Check (# _____) Credit Card Employee Signature: _____

Parental agreement signed

Renewal date _____ Check # _____ Cash _____ Employee Initials _____ Expiration date _____

Renewal date _____ Check # _____ Cash _____ Employee Initials _____ Expiration date _____

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