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TREE HOUSE MEMBERSHIP FORM

Parent/Caregiver Information: Start Date: _____ Birthdate (optional): _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Phone #: _____

Email Address: _____

Additional parent/caregiver information (optional):

Sex (circle one): Male Female **Age:** _____ years **Marital Statuses (circle one):** Married Divorced Single

Race (circle one): White Black Asian Hispanic Native American Pacific Islander Other: _____

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

My family is affiliated with: _____ BHK _____ MTU _____ Finlandia _____ CCISD _____ CCMH
 _____ Early On _____ DHHS WIC _____ Other _____

School District of residence: _____

How did you learn about us? _____

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

Signature: _____ Date: _____

I would like to receive KFRC's annual newsletter: Yes No

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

of adults in household: _____ **# of children in household:** _____

Family Income (check one): _____ \$0 - \$16,240 _____ \$16,241-\$24,360 _____ \$24,361-\$32,480
 _____ \$32,481 - \$40,840 _____ \$40,841 - \$49,200 _____ \$49,201 - \$57,560 _____ \$57,561 - \$65,920
 _____ \$65,921-\$74,280 _____ \$74,280+

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 Copper Country Great Start Collaborative publications, website, Facebook, newspaper, etc. until further notice.

Signature: _____ Date: _____

ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION

The Undersigned hereby acknowledges, agrees, and accepts the risk of injury and illness inherent in any physical activity and/or program, including particularly, the programs offered by *The Keweenaw Family Resource Center*. Such risks may include but are not limited to falling, bumping, risks from abrasions, scrapes, cuts, burns, broken, sprained or bruised limbs, as well as risks from the actions or omissions of others.

The Undersigned assumes all risk of personal injury and property damage for the Undersigned and all children under the care of the Undersigned.

The Undersigned recognizes that it is impossible to guard against every possible harm or danger to persons or property and therefore, the Undersigned agrees to hold the KFRC, its Board Members, employees, agents, independent contractors, and other guests, harmless from and against any and all liability and agrees to pay for the defense (including reasonably attorney's fees, expert witness fees, and court costs), of any suit filed against KFRC as a result of the Undersigned's actions and the actions of the children under the care of the Undersigned when the Undersigned or the children under the care of the Undersigned are on KFRC premises. The Undersigned acknowledges that it is the responsibility of the Undersigned to monitor the activities of the children under the care of the Undersigned when such children are on KFRC premises.

I have read the KFRC handbook and agree to abide by said policies and procedures.

Signature: _____ Date: _____

List Child(rens) Names: _____

OFFICE USE ONLY

Membership#: _____ Original Member Type: _____ Date Membership Paid: _____ Staff Initials _____

Membership Valid Through: _____ Payment Type: Cash Check (# _____) Credit Card

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

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

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

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

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