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**TREE HOUSE MEMBERSHIP FORM**

**Membership Options** (please select one):

One Year - \$200     Summer - \$50 (June 1 – August 31)     Monthly - \$20/month (# months purchased )

\*Please Note: Semester Memberships will be available beginning with the Fall Semester (September 1 – January 15) for \$80/semester.

**Parent/Caregiver Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to send announcements, etc)

Affiliated with:  Finlandia     MTU     Portage Health     Aspirus Keweenaw     BHK

Child(ren)'s First & Last Name	Date of Birth	Race	Allergies – please list (use back of form if you need more space)	Address & Phone # (ONLY if different from address above)

**How did you learn about us?**

Emergency Contact: (name) \_\_\_\_\_ (phone #) \_\_\_\_\_

**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 KFRC publications and website until further notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For grant reporting purposes, the following questions have been requested but are optional. 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: \_\_\_\_\_

**Highest education level completed (check one):**  Some high school     High School Diploma or GED  
 2 year College Degree     4 year College Degree     Advanced Degree

**# of adults in household:** \_\_\_\_\_    **# of children in household:** \_\_\_\_\_

**Family Income (check one):**  \$0 - \$11,999     \$12,000 - \$14,999     \$15,000 - \$24,999  
 \$25,000 - \$49,999     \$50,000 - \$74,999     \$75,000 +

**OFFICE USE ONLY**

Membership#: \_\_\_\_\_ Date Membership Paid: \_\_\_\_\_ Membership Valid Through: \_\_\_\_\_

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

Parental agreement signed