



850 West Sharon Avenue Suite 6, Houghton, MI 49931 ~ Phone#: 906/482-9363
 Fax#: 906/482-9353 ~ Email: info@kfrckids.org ~ Website: www.kfrckids.org

TREE HOUSE MEMBERSHIP FORM

Membership Options (please select one):

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)

Parent/Caregiver Information:

Name: _____ Relationship to Child: _____
 Address: _____ Phone #: _____
 Email Address: _____ (to send announcements, etc)
 Affiliated with: Finlandia MTU Portage Health Aspirus Keweenaw BHK
 CCISD CCMH

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

How did you learn about us?

Required: Emergency Contact: (other than yourself) _____ (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 +

