



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

Last Name  
For Office Use

**TREE HOUSE REGISTRATION 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 Middle Eastern/North African  
 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 \_\_\_\_\_ Early On WIC \_\_\_\_\_ Other \_\_\_\_\_

School District of residence: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**REQUIRED:** Emergency Contact (other than yourself :) \_\_\_\_\_ Phone#: \_\_\_\_\_

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 - \$16,753      \_\_\_\_\_ \$16,754-\$24,280      \_\_\_\_\_ \$24,281-\$32,920

\_\_\_\_\_ \$32,921 - \$41,560      \_\_\_\_\_ \$41,561 - \$50,200      \_\_\_\_\_ \$50,201 - \$58,840      \_\_\_\_\_ \$58,841 - \$67,480

\_\_\_\_\_ \$67,481-\$76,120      \_\_\_\_\_ \$76,121+

**Public Relations Permission:**

*Yes / No I, give the Keweenaw Family Resource Center/ Copper Country Great Start Collaborative my permission to take and use pictures of myself and my child (listed above) on KFRC publications and website, Facebook, newspaper, etc. until further notice.*

**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: \_\_\_\_\_

**OFFICE USE ONLY**

Registration    Attendance    Mail Chimp    Newsletter

Registration date: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Membership Expiration: \_\_\_\_\_ 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 \_\_\_\_\_

Renewal date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Employee Initials \_\_\_\_\_ Expiration date \_\_\_\_\_

Renewal date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Employee Initials \_\_\_\_\_ Expiration date \_\_\_\_\_

Renewal date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Employee Initials \_\_\_\_\_ Expiration date \_\_\_\_\_