



REGISTRATION FORM

Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver Email (s): _____

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

Parents/Caregivers First Name	Parent/Caregiver Last Name	Relationship to Child	Phone Number	Date of Birth (optional)	Gender (optional)

By checking this box, you agree to receive SMS messages about Tree House Family Resources programs and services. Message frequency may vary. Standard Message and Data Rates may apply. Reply STOP to opt out. Reply HELP for help. Consent is not a condition of participation. Your information will not be shared without consent.

Child(ren)'s First Name	Child(ren)'s Last Name	Date of Birth	Allergies –please list	Race (optional)	Gender (optional)

Optional DATA: Answering the following questions help KFRC apply for and receive grants that support programs. This information will be used for demographic analysis only.

Family Income Data: Please circle the annual income range that applies to your family.	# of adults in family:		# of children in family:		Primary language: _____	
	Less than \$10220	\$10221 - \$20440	\$20441 - \$27185	\$27186 - \$40880	\$40881 - \$51100	
	\$51101 - \$61320	\$61321 - \$81760	\$81761 - \$102200	\$102201+		

Parent 1 Information:	Pregnant?	Do you identify as person with a disability? (circle one) Y / N
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Race/Ethnicity (Circle all that apply): African American / Black White/European Asian
 Southwest Asian/North African Pacific Islander/Native Hawaiian Hispanic Prefer not to identify
 American Indian/Alaskan Native: Tribal Affiliation _____ Prefer to self-describe: _____

Parent 2 Information:	Pregnant?	Do you identify as person with a disability? (circle one) Y / N
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Race/Ethnicity (Circle all that apply): African American / Black White/European Asian
 Southwest Asian/North African Pacific Islander/Native Hawaiian Hispanic Prefer not to identify
 American Indian/Alaskan Native: Tribal Affiliation _____ Prefer to self-describe: _____

Public Relations Permission: *Yes / No (Circle One)* 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.

Additional Information:

Please check the boxes below that apply if you would like to be contacted by KFRC family support specialist:

- I would be interested in learning about home visiting, a free and voluntary program that partners with families to support their child’s early learning, growth and development.
- I would like to learn more about programs and services that may help support and strengthen my family.
- I would like to know how my family can play at the indoor playground at no cost.

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*, doing business as *Tree House Family Resources* or the *Tree House*. Such risks may include but are not limited to falling, bumping, risks from abrasions, scrapes, cuts, burns, broken, sprained, bruised limbs, or exposure to illness 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 Tree House, 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 the Tree House 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 Tree House 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 Tree House premises.

The Undersigned recognizes that the Tree House uses a computerized record keeping system known as CharityTracker to capture information about families and individuals participating in programs and services. Your information is considered confidential and will not be disclosed without permission. By signing below you agree to participate in CharityTracker. You may ask questions about CharityTracker at any time. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

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



Signature: _____

Date: _____

OFFICE USE ONLY					
Membership Type (Circle One):	Daily	Punch Card	Ac. Semester	Ac. Year	Yearly
Membership Expiration:	_____				
Change in Membership Type (Circle One):	Ac. Semester	Ac. Year	Yearly	Scholarship	
Date of Change:	_____	Membership Expiration:	_____	Staff Initials	_____

Additional Space for family information if needed: