SCHOOL YEAR '25-'26 UPDATED 5-16-25

NAME:_____BIRTHDATE:_____MALE___ FEMALE___ OTHER_____GRADE_____

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NAME:_____BIRTHDATE:_____MALE___ FEMALE___ OTHER_____GRADE_____

NAME:_____BIRTHDATE:_____MALE___ FEMALE___ OTHER_____GRADE_____

ETHNICITY OF CHILD:

_____AMERICAN INDIAN/ALASKAN NATIVE

_____ASIAN

_____BLACK/AFRICAN AMERICAN

_____ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

_____WHITE/CAUCASIAN

_____OTHER NOT LISTED

_____ CHECK IF YOU ARE ALSO OF HISPANIC ETHNICITY

TYPE(S) OF ASSISTANCE IF RECEIVED:

_____FREE OR REDUCED LUNCH _____SNAP _____S-EBT _____WIC

_____GENERAL ASSISTANCE _____ GENERAL ASSISTANCE MEDICAL CARE (GAMC)

_____SUBSIDIZED HOUSING

_____SSI BENEFITS

_____MEDICAL ASSISTANCE (MA) _____MEDICARE _____MINNESOTACARE

_____NONE

_____CONTACT ME TO LEARN MORE ABOUT ASSISTANCE PROGRAMS

CONSENT TO USE MY CHILD'S: (CIRCLE ONE)

PHOTO: YES NO (PROMOTION OF VYC)

VIDEO: YES NO (NEEDED IF NEWS STORY)

PERMISSION FOR ACTIVITIES BY PHONE: YES NO

IF NO, CHILD MUST HAVE WRITTEN PERMISSION SLIP TO ATTEND ACTIVITY.

MEDICAL AWARENESS: ALLERGIES_____ CONDITION (S)_____PREFERRED MEDICAL FACILITY_____

NUMBER OF FAMILY MEMBERS (LIVING IN THE HOME): 1 2 3 4 5 6 7 8 9 10 OVER 10

NUMBER OF ADULTS (LIVING IN THE HOME) 1 2 3 4 5 6 7 8 9 10 OVER 10

YEARLY INCOME (VOLUNTARY)

$_____

PRIMARY LANGUAGE SPOKE IN HOME: ENGLISH SPANISH OJIBWE HMONG CHINESE VIETNAMESE SOMALI/AMHARIC/ASIATIC PREFER NOT TO ANSWER

AGE OF CAREGIVER (FILLING OUT FORM): 18-24 25-34 35-50 51-62 63+

CAREGIVER ROLE: EXPECTING SINGLE PARENT CO-PARENT KINSHIP PARENTING (RELATIVE, FRIEND, NEIGHBOR) COMMUNITY PROVIDER OTHER

PARENT/GUARDIAN/CAREGIVER NAME: _____

ADDRESS: _____STATE_____ ZIP CODE _____

HOME PHONE: _____ MOBILE/CELL PHONE: _____ (Please keep contact numbers up-to-date)

BY FILLING OUT THIS FORM, I UNDERSTAND NORTHWOOD CHILDREN SERVICES VALLEY YOUTH CENTER HAS PERMISSION TO USE AND/OR ACCESS INFORMATION ON MY CHILD KNOWING THE USAGE WILL BE CONFIDENTIAL, NEVER PUT MY CHILD IN HARMS WAY, AND TO MAKE THE PROGRAM MORE SUCCESSFUL. I ALSO UNDERSTAND BY SIGNING, I WILL NOT HOLD NORTHWOOD CHILDREN SERVICES' EMPLOYEE, BOARD MEMBER, VOLUNTEER, OR AFFILIATE LIABLE FOR ANY ACCIDENTAL INJURY, ILLNESS, OR MENTAL ANGUISH CLAIMS WHICH COULD OCCUR TO MY CHILD. "I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. BY SIGNING, I GIVE MY CONSENT TO SHARE THIS INFORMATION WITH VARIOUS FUNDING SOURCES TO HELP MEET FUNDING REQUIREMENTS."

PARENT/GUARDIAN/CAREGIVER SIGNATURE: _____Date:_____