



VOICES Registration Form

Registration can also be completed online at ywcacm.org/VOICES

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

School Attending: _____ Grade Level: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

How did you hear about VOICES? (check one) School Friend/Family Facebook/Twitter
 Other: _____

Are your child's immunizations up to date? (check one) Yes No

Allergies: _____

Does your child have any health problems? (check one) Yes No

If yes, please list: _____

Medications: _____

Note: YWCA staff are NOT able to hold, store, or administer medication. If your child needs medication during the program, please speak to the Lead Youth Development Instructor in advance to discuss arrangements.

Health Insurance: _____

Child's Physician: _____

Name

Address

Phone

Emergency Contacts (when parent/guardian cannot be reached)

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL EMERGENCY TREATMENT CONSENT

I hereby give the YWCA permission to administer basic first aid and/or CPR to my child and/or take my child to the hospital for medical treatment when I cannot be reached or when my delay would be dangerous to my child's health:

(check one) Yes No

Parent/Guardian Signature

Date

VOICES Optional Demographic Information

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Child's Gender: (check one) Female Male Self Describe: _____

Child's Race/Ethnicity: (check all that apply)

- American Indian/Alaskan Native Black/African American Hawaiian Native/Pacific Islander
 Hispanic/Latino White/Caucasian Multicultural Other:

Number of people in your household (including adults): _____

Annual Household Income (Please combine income of ALL household occupants):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$18,000 | <input type="checkbox"/> \$36,001 - \$38,000 | <input type="checkbox"/> \$56,001 - \$58,000 | <input type="checkbox"/> \$76,001 - \$78,000 |
| <input type="checkbox"/> \$18,001 - \$20,000 | <input type="checkbox"/> \$38,001 - \$40,000 | <input type="checkbox"/> \$58,001 - \$60,000 | <input type="checkbox"/> \$78,001 - \$80,000 |
| <input type="checkbox"/> \$20,001 - \$22,000 | <input type="checkbox"/> \$40,001 - \$42,000 | <input type="checkbox"/> \$60,001 - \$62,000 | <input type="checkbox"/> \$80,001 - \$82,000 |
| <input type="checkbox"/> \$22,001 - \$24,000 | <input type="checkbox"/> \$42,001 - \$44,000 | <input type="checkbox"/> \$62,001 - \$64,000 | <input type="checkbox"/> \$82,001 - \$84,000 |
| <input type="checkbox"/> \$24,001 - \$26,000 | <input type="checkbox"/> \$44,001 - \$46,000 | <input type="checkbox"/> \$64,001 - \$66,000 | <input type="checkbox"/> \$84,001 - \$86,000 |
| <input type="checkbox"/> \$26,001 - \$28,000 | <input type="checkbox"/> \$46,001 - \$48,000 | <input type="checkbox"/> \$66,001 - \$68,000 | <input type="checkbox"/> \$86,001 - \$88,000 |
| <input type="checkbox"/> \$28,001 - \$30,000 | <input type="checkbox"/> \$48,001 - \$50,000 | <input type="checkbox"/> \$68,001 - \$70,000 | <input type="checkbox"/> \$88,001 - UP |
| <input type="checkbox"/> \$30,001 - \$32,000 | <input type="checkbox"/> \$50,001 - \$52,000 | <input type="checkbox"/> \$70,001 - \$72,000 | |
| <input type="checkbox"/> \$32,001 - \$34,000 | <input type="checkbox"/> \$52,001 - \$54,000 | <input type="checkbox"/> \$72,001 - \$74,000 | |
| <input type="checkbox"/> \$34,001 - \$36,000 | <input type="checkbox"/> \$54,001 - \$56,000 | <input type="checkbox"/> \$74,001 - \$76,000 | |

Who are the adults that the participant lives with?

- Two parents
 Mother only
 Father only
 Both parents separately
 Guardian
 Other family member (grandparents, aunt, uncle, etc.)
 Foster family
 Other: _____

Marital status of parents/guardians:

- Single
 Married
 Divorced
 Separated
 Unmarried, living together
 Widowed