

MEMBER NAME: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
ADDRESS _____			
<i>Number & Street</i>	<i>City,</i>	<i>State</i>	<i>Zip</i>
DATE OF BIRTH _____	AGE _____	HOME PHONE _____	
SCHOOL _____	GRADE ENTERING IN FALL _____		

Father or Guardian

Mother or Guardian

Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Work Place _____

Work Phone _____

Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Work Place _____

Work Phone _____

Emergency Contact (other than parents)

Name _____ Relationship to child _____ PH: _____

Name _____ Relationship to child _____ PH: _____

Doctor _____ Doctor's Phone _____

List any health, physical or mental information that we would need to know (such as allergies):

Please Circle One in Each Box Below

Racial/Ethnic Profile	Family Composition	Primary Language Spoken at Home	Household Income Level
Asian	Living with Both Parents	English	Under 10,000
Black/African American	Living with Mother only	Spanish	10,000—15,000
Hispanic/Latina	Living with Father only	Japanese	15,000-20,000
Native American	Living with One Parent at a Time (joint custody)	Other	20,000-25,000
Multiracial	Living with Parent & Stepparent		25,000-30,000
White	Living with Neither Parent		30,000-50,000
Other	Living in Court Ordered Placement		Greater than 50,000

Does your child receive free or reduced lunches at school? Yes No

Tee Shirt Size (Circle One)

Youth Sizes: YXS YS YM YL YXL

Adult Sizes: XS S M L XL

Tee Shirt Received at Sign Up? Yes No