



THE NEIGHBORHOOD HOUSE SUMMER CAMP 2016 REGISTRATION FORM

(Please Print)

CHILD'S INFORMATION					
Child's last name:		First:	Middle:	Grade _____	School _____
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Nick Name)		Birth date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			City	State	
Child's Social Security #	Parent/Guardian Social Security #		Home Phone # ()	ZIP Code:	
Parents Last Name		First	Middle	Cell Phone# ()	
Emergency Contact Information <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other Name: _____ Phone: _____					
Address:					

(Eligibility Requirements Apply)

ELIGIBILITY INFORMATION			
Does your family receive benefits from Franklin County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	OWF Cash Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: ()
Other Benefits?			
Monthly Gross Wages:	Does your family have Medical/Medicaid coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical/Medicare Card #			
Subscriber's name:	Subscriber's SS#:	Birth date: / /	Group no.: Policy #.
Child's relationship to subscriber: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other			
Primary Care Doctor:	Phone #	Preferred hospital in case of emergency:	
Child's Allergies:			

ALTERNATE IN CASE OF EMERGENCY:

Name of local friend or relative (not living at same address):	Relationship to Child:	Home phone no.: ()	Work phone no.: ()
Patient/Guardian s Signature _____		Date _____	