CRC Kids Club Wait List Enrollment Form

Date:_____ Time:_____

Name of parent or legal guardian:_____

Name (s) & age of child/children:

1. _____ _____
   (Name) (Age)
2. _____ _____
   (Name) (Age)
3. _____ _____
   (Name) (Age)

Phone Number(s): _____ _____

Email address:_____

Kids Club program family is interested in:_____
(*Summer, current school year, or upcoming school year)

- **Children must have attended kindergarten to be eligible for the summer program**

School (s) the child/children attends:

1. _____ _____
   (Name) (School)
2. _____ _____
   (Name) (School)
3. _____ _____
   (Name) (School)

Household Income Information:

Is your family eligible to receive Temporary Assistance for Needy Families (TANF) from Franklin County Department of Job and Family Services?

YES **NO**

Is your family eligible to receive Publicly Funded Child Care (Title XX) subsidy benefits?

YES **NO**

Notes: