



- Em. Con. Binder
 - Database
 - Parent Contact
 - MSBHC App.
- Staff: _____ FY_____

FUERZA Youth Center: Membership Application

Applicant Information

Youth Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth & Age	___ / ___ / ___ _____ years old
School & Grade	
Ethnicity	
Street Address	<input type="checkbox"/> House <input type="checkbox"/> Apartment
City/Town & Zip Code	
Home Phone (if applicable)	
Cell Phone (if applicable)	
Qualified Lunch Program?	<input type="checkbox"/> Reduced <input type="checkbox"/> FREE
Primary language spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
How did you hear about Fuerza Youth Center?	<input type="checkbox"/> School <input type="checkbox"/> Parent(s) <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend: _____ <input type="checkbox"/> Other: _____

Household Information

Please list all others who reside in the household with the youth. **Do not list parents/guardians.*

Name, Relationship, Age	
Name, Relationship, Age	
Name, Relationship, Age	
Name, Relationship, Age	
Name, Relationship, Age	
Name, Relationship, Age	

Parent/Guardian Information

With whom does the youth primarily reside?	<input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both
Parent/Guardian 1:	
Relation to Youth	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian: _____
Street Address	
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Home Phone	
Cell Phone	
Work Phone	
Ethnicity	
Primary Language	
Parent/Guardian 2:	
Relation to Youth	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian: _____
Street Address	
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Home Phone	
Cell Phone	
Work Phone	
Ethnicity	
Primary Language	

Authorizations & Consents

Please check "yes" or "no" for the following authorizations & consents:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize my son/daughter to be responsible for arriving to and leaving the program by him/her self.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my consent to the Corazón Community Services staff to receive information from School District _____ regarding my son/daughter. This may include obtaining grades and/or test scores from teachers and/or counselors, and speaking with teachers and/or counselors.
Parent/Guardian Signature	

Emergency Contact

In the event of an emergency, if neither parent/guardian can be contacted, who should we call?

Contact #1: Name	
Relationship	
Phone Number	
Contact #2: Name	
Relationship	
Phone Number	

Medical Information

Does your son/daughter have any medical conditions or allergies that we should be aware of? Does your son/daughter take any medications?

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Medical Insurance Information

Does your son/daughter currently have medical insurance coverage? Yes No
If "yes", please answer the following:

Type of medical insurance:	<input type="checkbox"/> Private <input type="checkbox"/> All Kids <input type="checkbox"/> Medicaid
Coverage expiration date:	___ / ___ / ___

Medical Consent

I hereby give my permission to my son/daughter, who is a registered participant of Corazón Community Services, to obtain medical attention in the event of a medical emergency.

Parent/Guardian Name	
Parent/Guardian Signature	
Date	

Program Rules

By submitting this registration form, we (parent/guardian & youth) hereby acknowledge the following program rules:

- Anti-gang messages are stressed within the program. This means that gang representation of any form, written, verbal, hand signs, colors, is not permitted inside or outside of any facility or event.
- Positive conflict resolution is encouraged and emphasized. This means that fighting or instigating a fight with any participant or staff from the agency or any other participating agency or business is not permitted.
- Individual personal growth and development is encouraged. This means that potentially harmful items such as drugs, alcohol or weapons are prohibited in the program or at events and field trips.
- Respect is a top priority in the program. This means that foul or verbally abusive language or disrespectful behavior is not permitted.
- Personal safety is paramount to the program. This means that harassment of staff, volunteers or other youth is not permitted.
- Program participation is essential to the functioning of the program. This means that your daily attendance and participation in activities is important to the staff, other youth, and the program.

Photo Release Authorization

I hereby give Corazón Community Services the permission to photograph and/or videotape my son/daughter's participation at Fuerza Youth Center and any other Corazón Community Services events, field trips, etc. Furthermore, those photographs and/or videotape may be used without compensation to me or my son/daughter on my/his/her behalf.

Parent Signature	
Date	

Disclosure of Information

By submitting this registration form, I affirm that the facts set forth in it are true and complete. I understand that my information is kept private and confidential and only disclosed to those staff members directly involved with my son/daughter.

Parent Signature	
Date	
Youth Signature	
Date	