



Skvward Psswrđ  
 Database  
 Parent Contact  
 MSBHC App.  
 Staff: \_\_\_\_ FY \_\_\_\_

**FUERZA Youth Center: Membership Application**

<b>Applicant Information</b>	
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)	
Youth's Cell Phone	
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: _____

<b>Household Information</b>	
Please list all others who reside in the household with the youth. <i>*Do not list parents/guardians.</i>	
<b>Name, Relationship, Age</b>	
<b>Name, Relationship, Age</b>	
<b>Name, Relationship, Age</b>	
<b>Name, Relationship, Age</b>	
<b>Name, Relationship, Age</b>	
<b>Name, Relationship, Age</b>	

## Parent/Guardian Information

<b>With whom does the youth primarily reside?</b>	<input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both
<b>Parent/Guardian 1 Name:</b>	
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	
<b>Parent/Guardian 2 Name:</b>	
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.
<b>Skyward Login Information</b>	Username: _____ Password: _____
<b>Parent/Guardian Signature</b>	

## 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

It is important for Corazon Staff to be aware of any medical conditions or allergies your son or daughter may have so that we can try to make appropriate accommodations upon your request. Corazon Community Services will not be held liable for any incidents that occur due to not disclosing any medical conditions or allergies.

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

Does your son/daughter take any medications?

## Medical Insurance Information

Does your son/daughter currently have medical insurance coverage?

If "yes", please answer the following:  Yes  No

Type of medical insurance:

Private  All Kids  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 that Corazon Community Services has a zero tolerance approach to 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**

## Personal Property

Corazon Community Services (Fuerza Youth Center) is not responsible for personal belongings that are damaged or stolen on the premises. Students must be responsible for their own belongings or leave such items at home.

**Parent Initials:** \_\_\_\_\_

**Youth Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_