



Neighborhood Houses Girl's Night Out Enrollment Application

Participant Information		
Participant Name	Child's Name	
Address:	Child's Date of Birth:	
City, State, Zip	Date of Birth:	
Phone #: _____ Cell Phone #: _____		
High School Educational Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Currently attending high school, attending _____ <input type="checkbox"/> Not Attending <input type="checkbox"/> Enrolled in GED program: _____ <input type="checkbox"/> Enrolled in College/Trade Program: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other _____		
Ethnic Origin African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	Employee information	
Emergency Contact Information		
Name:	Cellular:	
Address:	Home Phone	
City, State, Zip	Work Phone:	
Relationship:	Email address:	
Address:		
Total Number In Household (Adults and Children)		
# Ages 0-2 years _____	# Ages 20-35 years _____	# Ages 75-84 years _____
# Ages 3-5 years _____	# Ages 36-54 years _____	# Ages 85 and up _____
# Ages 6-9 years _____	# Ages 55-64 years _____	
# of Ages 10-14 years _____	# of Ages 65-74 years _____	
# Ages 15-19 years _____	# Ages 65-74 years _____	
Household Income Information		
\$0-\$9,999 <input type="checkbox"/>	\$20,000-\$24,999 <input type="checkbox"/>	\$40,000-\$49,999 <input type="checkbox"/>
\$10,000-\$14,999 <input type="checkbox"/>	\$25,000-\$29,999 <input type="checkbox"/>	\$50,000+ <input type="checkbox"/>
\$15,000-\$19,999 <input type="checkbox"/>	\$30,000-\$39,999 <input type="checkbox"/>	
Source of Household Income: (Please check all that apply)		
Employment <input type="checkbox"/>	SSI/Disability <input type="checkbox"/>	TANF <input type="checkbox"/>
Child Support <input type="checkbox"/>	General Relief <input type="checkbox"/>	Social Security <input type="checkbox"/>
Unemployment <input type="checkbox"/>	Food Stamps <input type="checkbox"/>	Other: <input type="checkbox"/>
Consents		
YES <input type="checkbox"/> NO <input type="checkbox"/> I give consent for my child and I to be photographed and these photographs may be used for publicity purposes.		
I certify that the information I have furnished is correct and complete to the best of my knowledge. I agree that if the above information changes or if I wish to withdraw my consent in any way I will notify UCNH in writing.		
Participant Signature	Date	
Print Name	Date	