

FOR OFFICE USE ONLY: Date Registered: _____ Application Accepted By: _____

Entered in Vision: _____ Vision Entry Completed: _____ Memb. #: _____ Card Made _____

Adult Participant Preschool Participant (4 years old – membership eligibility) Tot Participant (up to 4 years old)

Sarah Heinz House Program Participant Application

PLEASE PRINT CLEARLY

PROGRAM: _____

| | | |
|--|---|------------------------------|
| *General Information | | |
| Participant Name: (Last, First, Middle) | Email : | Birth Date: |
| Address: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: |
| City: State: Zip: | Phone Number: Home: Cell: | |
| Employer or School: | Occupation or Grade: | |
| *Emergency Contact Information | | |
| Name: | Phone Number: (home/cell) | Relationship to Participant: |
| Name: | Phone Number: (home/cell) | Relationship to Participant: |
| Any personal information, allergies, limitations, learning disabilities, special needs, or any additional information that the staff should know about your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below: _____ _____ | | |

*****PLEASE ALSO COMPLETE THIS SECTION*****

The following Demographic Information is needed for the purpose of organizational statistics. This information is needed for grants and funding purposes. **This information will be kept confidential**, and in no way be used to discriminate against a member or their family.

| | | |
|---|--|--|
| Demographic Information: | | |
| Racial/Ethnic Background: _____ African-American _____ White _____ Hispanic _____ Asian _____ Other (Specify) _____ | Annual Family Income Level: Less than \$10,000 ___ \$40,000 - \$44,999 ___ \$75,000 - \$99,999 ___ \$10,000 - \$14,999 ___ \$45,000 - \$49,999 ___ \$100,000 - \$124,999 ___ \$15,000 - \$19,999 ___ \$50,000 - \$54,999 ___ \$125,000 - \$149,999 ___ \$20,000 - \$24,999 ___ \$55,000 - \$59,999 ___ \$150,000 - \$199,999 ___ \$25,000 - \$29,999 ___ \$60,000 - \$64,999 ___ \$200,000 or more ___ \$30,000 - \$34,999 ___ \$65,000 - \$69,999 ___ Choose not to report ___ \$35,000 - \$39,999 ___ \$70,000 - \$74,999 ___ | |
| Are you an alumni of SHH? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total number of individuals that are 18 or older in household? _____ | |
| City Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total number of individuals living in your household? _____ | |
| How did you hear about Sarah Heinz House? <input type="checkbox"/> Internet <input type="checkbox"/> School Flyer <input type="checkbox"/> Another Member _____ <input type="checkbox"/> Open House <input type="checkbox"/> Silver Sneakers <input type="checkbox"/> Other _____ | | |

Sarah Heinz House's Attendance Policy:

All participants are entitled to come to the House and to participate only during the time of their scheduled program. All Participants are required to complete a membership agreement and to present ID card. Program participants understand that when Sarah Heinz House is closed, their program(s) is not offered during that closed time (e.g. holiday break). Sarah Heinz House Boys & Girls Clubs is not a custodial care agency, does not have the right or responsibility to keep a child at the club, and does not assume responsibility for program participants if or when they leave the Club. The Club does however ask that all participants scan out at the front desk each time they leave the Club.

Emergency Treatment Permission

I authorize Sarah Heinz House to act on my behalf in case me or my child is a victim of a major accident, injury or illness when immediate medical care is needed; provided a member of Heinz House staff make a diligent effort to first notify me of the situation and obtain my preferences. If efforts to get in touch with me are unsuccessful, I authorize licensed medical personnel to take such action as his/her judgment dictates. I further agree that neither Sarah Heinz House, nor any person associated with them, has any responsibility of any kind to me or my child from any claims arising from any accident, injury or illness, which my child may suffer as a result of any such health care or medical treatment.

Publicity Permission

I agree that photograph (likeness) of myself or my child, if it should appear in any form of media coverage or promotional brochures of Sarah Heinz House, may be used without any further authorization or any reimbursement to my child or me from Sarah Heinz House.

I understand that as a PROGRAM PARTICIPANT of Sarah Heinz House, I can only participate in the special program(s) listed above. I also understand that as a Program Participant, I must respect and follow the personnel, policies and procedures of Sarah Heinz House. I understand that no refunds are given to individuals who withdraw, or are asked to leave the program due to behavior.

If I am under the age of 18, then I must provide my own signature, AND the signature of my parent/guardian below.

Do you agree to this? Yes No

Participant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Customer Service Survey

Please note that your suggestions and opinions are valued and appreciated, however not all suggestions will be implimented. Thank you for your time!

Would you be interested in volunteering or receiving information about becoming a volunteer Heinz House? Yes No
If yes would you be interested in serving as: A weekly volunteer A volunteer for special events

Please list any additional programs that you would like to see offered at Sarah Heinz House:

How could we more effectively inform our adult and preschool participants about policies, closings, and other Heinz House related situations?

