

Participant Name _____

Parent / Guardian's Name _____

Phone (1) _____ Phone (2) _____

Email _____

Date of Birth _____ School _____ Grade _____

Gender: M / F Ethnicity: _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (if different from parent/guardian info above)

Name _____

Phone _____ Relationship _____

How did you hear about us? _____

Are you affiliated with any of the following COMMUNITY PARTNER ORGANIZATIONS:

- Boys and Girls Club Dunbar Rec. Center IRC
- H.E.R.O. for Children Nicholas House Operation Peace
- Drew Charter King Middle Maynard Jackson

Other: _____

Recommended to D'AIR by: _____

FEE WAIVER QUALIFICATION QUESTIONARE:

1. Do you receive a TANF check from the Department of Family and Children Services? yes no
2. Do you live in a household that receives SNAP? yes no
3. Do you receive Medicaid? yes no
4. Would your child qualify for free/reduced lunch based on Federal eligibility requirements of being at or below 130%/185% federal poverty guideline level? yes no (<http://www.benefits.gov/benefits/benefit-details/1960>)
(please do not check yes if your child automatically receives assistance because of the school they are enrolled in but would not otherwise qualify)

If you don't automatically qualify for fee waiver, please describe any special circumstance that would hinder your child from joining our program based on the above fee structure: (You may attach additional pages if necessary):

Of the Full Program Fee, I can pay \$_____.

Please Indicate Class Date/Time Preference (ie. 1 for first choice, 2 for second choice, x for not available)

YOUTH:

- T 4:45-5:45pm
- W 4:45-5:45pm
- Th 4:45-5:45pm

TEENS:

- M 5:45-7pm
- T 5:45-7pm
- W 5:45-7pm
- Th 5:45-7pm