

# Kids Thrive! Enrollment

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Addresses \_\_\_\_\_

## Eligibility

\*In 1<sup>st</sup>-8<sup>th</sup> grade within Jackson County

\*At or below 185% Federal Poverty Guidelines

\*Committed to coming every Thursday evening

\*Willing to come and participate

Household Size	185%
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955

I confirm that my child meets the eligibility requirements. I give permission for him/her to attend Thursdays 5:30-8pm at EUM. I also understand that disruptive behavior will result in my child no longer being allowed to attend Kids Thrive.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about Kids Thrive? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Return to:

Jennifer Marek, Coordinator  
Thrive! Jackson County  
227 Pennsylvania  
Holton, KS 66436