P.H.I.T

(Physical Health Initial Tasks)

This Spring 2021 session combines our Kid PHIT and MY PHIT programs and will NOT be physically held at the WRAC due to unavailable transportation.

Proper nutrition and physical activity is so important for keeping ourselves healthy. In this program, we will be touching on the basics of healthy nutrition, giving some insight on enjoyable physical activities that can be done at home, presenting exercises for mental wellness during this crazy time, and sharing ideas for family fun! Each week a box will be assembled containing a recipe and all ingredients needed for a simple, healthy snack, a newsletter full of important and fun information, and maybe a couple of extras here and there!! **Boxes will be ready for pickup at the WRAC any time Tuesday through Thursday of each week.** Homes with multiple participants will be given one box with enough supplies for each participant.

Registration Deadline: Friday, March 6th

Weeks of March 8th—April 16th

Drop off form at the WRAC front desk / Mail in registration & payment to the WRAC

Questions? Please call the WRAC at 332-4451 and speak with Jocelyn or send questions to jocelyndoddridge@wracofwray.org.

✂

Mail-In **PHIT** Registration Form

Participant's Name:_____

Participant's Grade Level:_____

Participant's Birthday:_____

Parent's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

E-mail:_____

$15 per participant

Kindergarten—Grade 8

Weeks of Mar. 8th—Apr. 16th (6 weeks)

Mail completed form with payment to:

WRAC

P. O. Box 447

Wray, Co. 80758

Food Allergies and/or Health Concerns:_____

_____

Photo Release: *By signing this registration, I grant consent for my minor's photograph to be taken with participating in this program, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.*

Waiver Statement: *I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the program from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.*

Parent Signature _____

Kindergarten – 4th Grade Only

Wray Rehabilitation & Activities Center, Inc.
Kid P.H.I.T.
Proof of TANF Eligibility

To the Parent(s) or Guardian(s):

Wray Rehabilitation & Activities Center is a 501(c)(3), non-profit organization. We are not affiliated with Yuma County Department of Human Services, but do receive program funding, specifically for the Kid P.H.I.T. program. Individuals, organizations and other donations help us to fund this program.

To meet funding requirements, it is necessary to provide a report on the program that includes the number of participants and the number of participants that are TANF eligible. All information gathered for this eligibility requirement is kept confidential and used solely for funding purposes.

Please complete the following information that is mandated for us to have on file for each Kid P.H.I.T. participant.

Thank you, in advance for taking the time to help us meet our funding requirements.

Sincerely,

Wray Rehabilitation & Activities Center, Inc.

Head of household's relationship to child: _____

Are you a citizen or qualified alien of the United States of America? ☐ Yes ☐ No

Annual household income: above $75,000_____ or below $75,000 _____

Specified Need: Afterschool/Summer Activity, Nutritional Wellness Education

Child's Name:_____

Parent's (Guardian's) Signature_____

K a 4th Grado Solamente

Wray Rehabilitation & Activities Center, Inc.
Kid P.H.I.T.
Prueba de Elegibilidad TANF

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activitivies Center es una organización 501 (c)(3), una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, específicamente para los Niños P. H. I. T. programa. Los individuos, las organizaciones y otras donaciones nos ayudan a financiar este programa.

A fin de satisfacer necesidades de financiación, es necesario proporcionar un informe sobre el programa que incluye el número de participantes y el número de participantes que son elegibles para el TANF. Toda la información obtenida de este requisito es confidencial y se utiliza exclusivamente para fines de financiación.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archivo de cada Kid P.H.I.T. participante.

Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Sinceramente,

Wray Rehabilitation & Activities Center, Inc.

Cabeza de familia de los niños la relación: _____

¿Es usted un ciudadano o extranjero calificado de los Estados Unidos de América? ☐ Yes ☐ No

Los ingresos familiares anuales: Por encima de los $75,000_____o $75,000 por debajo _____

Necesidad especificada: Actividades/verano extraescolares. Educación bienestar nutricional

Nombre del niño:_____

De los Padres (Guardian's) Firma: _____

5th through 8th Grade Only

Wray Rehabilitation & Activities Center
DHS Program Area 3 Mentoring Participation Form

To the Parent(s) or Guardian(s):

Wray Rehabilitation & Activities Center is a 501(c)3 non-profit organization. We are not affiliated with the Yuma County Department of Human Services but do receive program funding specifically for the MY PHIT program. *In order to keep program fees low for you, funding is crucial*. To meet CORE Funding requirements, attendance records must be submitted. We are paid each time your child attends the program. Attendance is tracked by DHS using your child's social security number. All information on this form is kept confidential and used solely for funding purposes. Again, your child's social security number is used for attendance *ONLY*.

Please complete the following information that is mandated for us to have on file for each MY PHIT participant.

Thank you in advance for taking the time to help us meet our funding requirements.

Name of Program Participant: _____

Participant's Date of Birth: _____

Participant's Social Security Number: _____

All Household Parent/Guardian's Name(s): _____

Relationship(s) to Participant: _____

Home Address: _____

Parent/Guardian Signature: _____ Date: _____

To Be Filled Out by MY PHIT Staff:

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

Signature Date

5th a 8th Grado Solamente

Wray Rehabilitation & Activities Center

Formulario de Participación de Mentoría del Área de Programa 3 del DHS

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activities Center es una organización 501(c)3 una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, especificamente para los MY PHIT programa. Para cumplir con los requisitos de financiación CORE, deben presentarse los registros de asistencia. Nos pagan cada vez que su hijo asiste al programa. La asistencia es rastreada por el DHS usando el número de seguro social de su hijo. Toda la información en este formulario se mantiene confidencial y se utiliza únicamente con fines de financiación. De nuevo, el número de seguro social de su hijo se usa SOLO para asistencia.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archive de cada MY PHIT participante.

Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Nombre del participante del programa: _____

Fecha de nacimiento del participante : _____

Numero de seguro social del participante: _____

Nombre(s) del jefe de familia: _____

Relación (s) con el participante: _____

Firma de padre/tutor: _____Fecha: _____

Para ser completado por MY PHIT Staff:

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

Signature Date