



**THE MITCHELL EMBRACE MEMBERSHIP APPLICATION**  
*APPLICATION MUST BE COMPLETED IN FULL*

**Member Information (Child):**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Pick Up Password: \_\_\_\_\_ (To be used if someone other than parents pick up.)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Shirt Size: XS S M L XL Youth \_\_\_\_\_ Adult \_\_\_\_\_

**Head of Household (Parent/Guardian):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender (Please Circle): M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/School Attended: \_\_\_\_\_ Family Size: \_\_\_\_\_

**Other Parent/Guardian/Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender (Please Circle): M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/School Attended: \_\_\_\_\_

## Head of Household Work/School Schedule

Mon:                                      Tues:                                      Wed:                                      Thurs:                                      Fri:

## Other Parent/Guardian/Emergency Contact Work/School Schedule

Mon:                                      Tues:                                      Wed:                                      Thurs:                                      Fri:

## Family Demographics:

Family Income (Please Circle): \$0 - \$9,999    \$10,000-\$14,999    \$15,000-\$19,999  
\$20,000-\$29,999    \$30,000-\$49,999    \$50,000-\$99,999    \$100,000 or above

Family Setting: Biological \_\_\_\_\_ Adoptive \_\_\_\_\_ Grandparents \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

List your other children who attend:

## Medical Information

Does your child have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Where does your child go to basic medical services? Primary Care Physician \_\_\_\_\_ Clinic \_\_\_\_\_  
Hospital \_\_\_\_\_

Physician/Clinic/Hospital Name:

Physician/Clinic/Hospital Phone Number:

Primary Insurance Company:

Does your child see a dentist at least once a year? Yes \_\_\_\_\_ No \_\_\_\_\_

## Member Usage (Please Write In Estimated Time Range):

Mon:                                      Tues:                                      Wed:                                      Thurs:                                      Fri:

## Medical Diagnosis(s) (Please Check):

ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Autism \_\_\_\_\_ Asperger's \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies (Please List): \_\_\_\_\_

Does your youth have any food allergies? \_\_\_\_\_ if so, please list \_\_\_\_\_

Other (Please List):

**\*\*\*\*PLEASE NOTE: If your child has asthma or food allergies, we must have an inhaler or EpiPen on site before your child can begin the program.**

Does your youth currently take medication? \_\_\_\_\_ if yes, please list \_\_\_\_\_

## Comments on Child's Development:

Please list any personal development issues, behaviors, habits, or individual needs that we need to be aware of when in custody of your child:

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*The Mitchell Embrace is not a behavioral facility and, therefore, does not offer one-on-one assistance to members who may require it.*

**Pick Up/Emergency Contact Information** (Two Additional Persons Authorized to Take Child From Facility):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_-

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_-

Emergency Contact? Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorization for Emergency Medical Care:**

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in critical emergency requiring medical care, I authorize The Mitchell Embrace to contact the closest Medical Center.

**Please Initial:** \_\_\_\_\_

**Photo, Video and Audio Consent and Release:**

By initialing below, I consent and give permission to allow The Mitchell Embrace the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating at our programs or events for our newsletters, website and other promotional literature.

**Please Initial:** \_\_\_\_\_

**\*This information is very helpful to us for future funding:**

Does your child receive Free or Reduced-Price Lunches at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

**Permission for Member (Please Check):**

Is your child allowed to swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give consent to transport your child on our van and buses for field trips and outings?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child allowed to weightlift and participate in fitness and team sports programming?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give consent to take photos or video of your child to use in our newsletters, website and other promotional literature? Yes \_\_\_\_\_ No \_\_\_\_\_

**By signing below, I agree to all terms and conditions of this application**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Parent/Guardian,

***Parent/Guardian Questionnaire***

You play a very important part in the success of our program. Please complete the following questions. This information will help us to properly match your child with a mentor.

Describe how your child is doing in school \_\_\_\_\_

Describe your child's personality (outgoing, introverted, shy, friendly, confident, stubborn, etc.)

\_\_\_\_\_

Describe the type of mentor that would best suit your child \_\_\_\_\_

\_\_\_\_\_

Do you have a concern regarding the ethnicity/gender of your child's mentor? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

What do you hope your child will gain from having a mentor? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child having a mentor? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are there any factors that would prevent your child from participating in this program (transportation or any other responsibilities)?

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_