

Kids Thrive! Enrollment

Name _____

Address _____

City, State, Zip _____

Age _____ Grade _____ School _____

Parents'/Guardians' Names _____

Cell Phone _____ Cell Phone _____

Email Addresses _____

Eligibility

*In 1st-8th 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