



ELIGIBILITY FORM 2022 /2023

The program that you are registering for is supported, in part, by grant funds. The information requested helps **Kicks For Kids** provide much needed resources to our Participants and ensure future funding. This information is confidential. Information received via this form regarding individuals is not made public in any way.

Please Complete Application in its entirety!

Parent(s)/Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Race: _____ (optional disclosure) Age: _____

Individual filling out Application: ___ Mother ___ Father ___ Guardian ___ Agency ___

Referring Agency(if applicable): _____

Name of Participating Child: _____

Relationship to Participating Child: ___ Mother ___ Father ___ Guradian ___

Age of Child: _____ DOB: _____ Shoe Size: _____

Name of Childs School: _____

Total Annual(Yearly) Family Income: _____

Head of Household: ___ YES ___ NO Single: ___ Married: ___ Divorced: ___ Widowed: ___

Family Size: _____

Kicks For Kids participants are encouraged to enroll in educational and sports programs free of charge. Please select a program(s) that your child would like to attend.

__STEM __TECH __CODING __TUTORING __DAYCARE __
AFTERCARE __BASKETBALL __TENNIS __SCOCER __VIDEO/PHOTO EDITING __

office use only

Family Meets Federal Eligibility: __YES NO__

Staff Member Accepting Application:

Print Name	Title
Date	

Signature