

KICKS FOR KIDS INC.

Eligibility Form (2025)

The program you are registering for is supported by grant funds. This information helps Kicks For Kids provide resources to our Participants and ensure future funding. All information is confidential.

Please Complete Application in its entirety:

Parent(s)/Guardian's Name: _____ Phone: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Race (optional): _____ Age: _____ Individual Completing: __Mother __Father __Guardian __Agency

Referring Agency (if applicable): _____

Participant Child's Name: _____ Age: _____ DOB: _____ Shoe Size: _____

Relationship: __Mother __Father __Guardian

Child's School: _____ Family Income: _____

Head of Household: __Yes __No Status: __Single __Married __Divorced __Widowed

Family Size: _____

Select program(s): __STEM __TECH __CODING __TUTORING __DAYCARE __AFTERCARE __BASKETBALL
__TENNIS __SOCCER __VIDEO/PHOTO EDITING

Office Use Only:

Eligibility Met: __YES __NO Accepted By: _____

Print Name: _____ Title: _____ Date: _____

Signature: _____

