



## Hand In Hand

### Registration and Intake Form

Thank you for registering with World Deliverance Foundation's Hand In Hand program. Please complete this form to help us better serve your child and family. All information is kept confidential.

#### 1. Child Information

Child's Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_

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

#### 2. Parent/Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### 3. Emergency Contact (Other Than Parent/Guardian)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

#### **4. Health & Safety**

Allergies (if any): \_\_\_\_\_

Medical conditions or diagnoses: \_\_\_\_\_

Current medications: \_\_\_\_\_

Special needs or physical limitations: \_\_\_\_\_

Primary Physician & Contact: \_\_\_\_\_

#### **5. Behavioral & Social**

Has your child received behavioral or emotional support?  Yes  No

Goals for your child through our programs: \_\_\_\_\_

Helpful behavior strategies or notes: \_\_\_\_\_

#### **6. Child Interests & Strengths**

Areas of interest (check all that apply):

- Sports  Arts  Music  Dance  Theater  STEM  Reading/Writing
- Leadership  Technology  Gaming  Faith  Community Service  Other

Child's strengths or gifts: \_\_\_\_\_

Areas for growth/support: \_\_\_\_\_

#### **7. Socio-Economic Information (Optional & Confidential)**

Household size:  1-2  3-4  5-6  7+

Single-parent household:  Yes  No  Prefer not to say

Annual household income range:

- Under \$15k  \$15k-\$30k  \$30k-\$50k  \$50k-\$75k  \$75k-\$100k  Over \$100k  Prefer not to say

Public assistance received (check all that apply):

- SNAP  WIC  Medicaid/CHIP  TANF  Housing Assistance  Free/Reduced Lunch  SSI/SSDI  None

Housing situation:  Own  Rent  With family/friends  Temporary  Transitional  Other

Experienced housing instability in past 12 months?  Yes  No  Prefer not to say

## **8. Parent Employment Information (Optional)**

Parent/Guardian #1 Job Type: \_\_\_\_\_

Work schedule:  Day  Evening  Night  Rotating  Remote  Multiple jobs  Unemployed

Interested in workforce support?

Job training  Career advancement  Financial literacy  Entrepreneurship

## **9. Parent Skills & Interests**

Please share any skills, talents, or interests you may be willing to contribute or that may be helpful for program planning (check all that apply or write in):

- Education / Tutoring
- Mentoring / Coaching
- Counseling / Social Services
- Healthcare  Administration / Clerical
- Event Planning
- Arts / Music / Creative
- Technology / IT
- Construction / Maintenance
- Cooking / Food Services
- Faith-Based Ministry
- Other: \_\_\_\_\_

Are you interested in volunteering or sharing these skills with the Hand In Hand program?

Yes  No  Maybe

## **10. Access to Resources**

Reliable access to (check all that apply):

Internet  Transportation  Childcare  Healthcare  Mental Health Services  None

## **11. Consent & Signature**

Photo/Video Release:  Yes  No

I agree to program policies and procedures.

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