



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: _____