**Membership Information Form (Additional Child)**

**Head of Household (Please print legibly.)**

First Name:

Last Name:

 [ ]  [ ]

Gender

**Member Information (Please print legibly.)**

First Name:

Last Name:

Nick Name:

Birth Date:

How long in Richland County?:

School:

Teacher:

Grade:

Gender

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Ethnicity

\_\_\_\_\_ African American \_\_\_\_\_Multi-Racial

\_\_\_\_\_ Asian \_\_\_\_\_ Hispanic

\_\_\_\_\_ Caucasian \_\_\_\_\_Native American

Household Type

\_\_\_ Lives w/Both Parents \_\_\_Lives w/Grandparents

\_\_\_ Lives w/Mother \_\_\_ Lives w/Aunt/Uncle

\_\_\_ Lives w/Father \_\_\_ Lives w/Guardian

\_\_\_ Lives w/Mother and Step Parent

\_\_\_ Lives w/Father and Step Parent

Membership Type

\_\_\_\_\_After School \_\_\_\_\_ Summer Camp

Middle Name:

**Pick-Up Information (If different from other children)**

Last Name:

Is there a custody agreement for this child? Yes No

Phone #: ( )

  Home  Cell Work  Other

First Name:

Last Name:

First Name:

Last Name:

Phone #: ( )

  Home  Cell Work  Other

* Acquaintance
* Relative
* Other \_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact
* Primary Emergency Contact
* Lives with Member
* Acquaintance
* Relative
* Other \_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact
* Primary Emergency Contact
* Lives with Member