

1.

REQUIRED INFORMATION *PLEASE PRINT CLEARLY*

Name: _____
Last First Spouse's Name

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone Numbers: (home) _____ (cell) _____ (work) _____

Email Address: _____ **Are you on Facebook?** _____

Please tell us about the children in your family:

Name	Date of Birth	Special Needs/IEP with School District
_____	_____	_____
_____	_____	_____

Is your child in 4K? Yes No **If yes, what is the name of school:** _____

2.

In Order To Participate in programs, Liability Release Form must be completely filled out.

Liability Release Form

It is understood that the Watertown Family Center, or their employees will not be held liable should accident/injury or illness occur while participating in Family Center programs at the Center or other locations. Parent/Guardian are responsible to supervise their own child(ren). Every effort will be made to provide a safe supervised environment for young children.

Names and ages of children: _____

Name and phone # of Emergency Contact: _____

Name and phone # of Physician: _____

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____ Date: _____

3.

Guardian Liability Waiver
 (Fill out if someone else will be bringing your child to the WFC)

I _____ give my child/children permission to attend the Watertown Family Center with my child care provider, family member, or friend.

Name of Person Bringing Child/Children: _____

4.

PHOTO RELEASE:

____ Yes, I give permission for my child(ren)/myself to be photographed while attending activities sponsored by the Watertown Family Center. I understand these photos may be used for publicity purposes.

Parent Signature: _____ Date: _____

____ No, I do not want photos of my child(ren)/myself to be used for publicity purposes.

Parent Signature: _____ Date: _____

5.



The programming that is available at the Watertown Family Center is made possible by grants, fundraising and community donations. Please note that nearly 60% of the funding is from grants. Our funders require us to maintain statistics. All information remains confidential, no names are used, and information used is just for grant writing. PLEASE COMPLETELY FILL OUT.

Age: ___ 20 and Under
___ 21-30
___ 31-40
___ 41-50
___ 51+

Race: ___ White/Non Hispanic
___ Hispanic
___ African American
___ Native American
___ Other _____

Marital Status: ___ Married
___ Single
___ Widowed
___ Divorced
___ Separated
___ Cohabiting

Education: ___ GED
___ H.S. Diploma
___ MATC/Tech School
___ College Degree
___ Other _____

Number of children in your home who are:
___ White/Non-Hispanic
___ Hispanic
___ African American
___ Native American
___ Other _____

Are you employed :
___ Full-time
___ Part-time
___ Stay-At-Home Parent
___ Unemployed
___ Retired/Disabled
___ Seasonally Employed

Is your spouse/partner employed:
___ Full-time
___ Part-time
___ Stay-At-Home Parent
___ Unemployed
___ Retired/Disabled
___ Seasonally Employed

Combined Household Income:
___ \$0-\$18,100
___ \$18,101-\$24,100
___ \$24,101-\$30,100
___ \$30,101 - \$36,100
___ \$36,101-\$42,100
___ \$42,101-\$48,100
___ \$48,101-\$54,100
___ \$54,101-\$60,100
___ \$60,101 - \$66,100
___ \$66,101 and over

Number of children in your home with disabilities: _____

Number of people living in your household: _____

Does your child see a healthcare provider?
___ For regular exams and when sick
___ Only when sick
___ Doesn't see healthcare provider

Are immunizations up to date?
___ Yes
___ No
___ Prefer my child not to be immunize

THANK YOU FOR YOUR HELP IN COMPLETING THE SURVEY!