



KIDS MAKING IT

woodworking program

Application/ Intake Form

Basic Information

Full name of youth: _____ Date: _____

Name youth likes to be called: _____

DOB: _____ Age: _____

Name of Parent(s)/Legal guardian(s) _____

Address: _____

Zip Code: _____

County: _____

How may we contact you? *(Please check the one you would like us to call first)*

home phone _____ (what hours?) _____

work phone _____ (what hours?) _____

mobile phone _____ email _____

How did you hear about KMI?

Referral Agency, if any: _____

Contact person: _____ Phone: _____

If this is a DJJ referral, what is the youth's status within the system?

How can KMI be helpful to your child? What about the program interests you?

What would you say is your child's best characteristic? What do you like best about him or her?

School _____ grade _____ number of suspensions, if any _____

What concerns do you have for him/her?

Does your child receive any special school services? (IEP, counseling, etc.)

What transportation will the student have? What assistance do you have with transportation? _____

Health Information

For the safety of the youth, please describe any physical limitations, medical conditions/allergies the youth has.

If there is any reason why you feel your child could not function in our woodworking shop and utilize our machinery and tools safely please explain here:

Does the youth see a counselor, therapist or psychiatrist regularly? Yes ____ No ____

Name and phone number of counselor or therapist

Please describe any conditions related to the youth's mental health.

Please list all medications the youth takes regularly and what they are used for:

Has the youth ever been hospitalized? Yes ____ No ____

Reason for hospitalization(s) _____

In case of an emergency, if we are unable to reach you, who should we contact?

Name: _____ Phone: _____

Relation to youth: _____

If this person cannot be reached, do we have permission to take the necessary steps to get your child the medical attention they need, such as taking them to receive emergency services?

_____ Yes ___ No__

Signature _____ date _____

Other comments/concerns:

Records/Arrests/Gang Involvement

Has your child even been arrested or had any criminal involvement? Yes_____ No_____

If yes, please give a detailed account _____

Charges: _____

Date(s) _____

*Was there a trial? Were charged dismissed?

Etc. _____

To your knowledge does your child have, or has he/her had, any gang involvement? _____

Is there any type of trouble you are aware of that your child has had at school? (bullying, being bullied, fighting, etc.)

I, _____ the parent/legal guardian of _____ certify that my child does not suffer from medical, physical, psychological or other condition that would impair his/her ability to safely operate power tools and fully participate in the Kids Making It woodworking and art program. I also certify that the above listed medications will not interfere or impair my child's ability to be alert and attentive during Kids Making It classes. Furthermore, all information I have given is up to date and correct according to my knowledge at this time. I also agree to inform the staff of Kids Making It if and when any of this information changes in order to keep staff up to date regarding the above mentioned youth, to ensure proper care and safety. KMI's staff will assess after intake and throughout their KMI journey the ability of all youth to work safely, follow instruction and eventually work independently. If your child is unable to do this, we reserve the right to suggest involvement in a more appropriate program and/or terminate them from the program.

Parent/legal guardian signature _____ Date _____

General Release and Photo Permission Form

I, _____, the parent/guardian of _____, give permission for him/her to participate in the Kids Making It Woodworking Program, and hereby release Kids Making It, Inc., its staff and volunteers from any and all claims for damages and/or injuries sustained by him or her while participating in the program. I further give my permission for Kids Making It, Inc. to photograph him or her and use any pictures taken, along with my child's name, for use in the shop and retail area, on their (the child's) personalized business cards, on KMI brochures, on the website, in media stories about KMI or in other lawful and appropriate ways related to the KMI program.

Parent/legal guardian signature _____ Date _____

Release of Information

Verification of Child's Free Lunch/Reduced Lunch Status (if applicable)

To be filled out and signed by parent/legal guardian:

I verify that my child receives free or reduced-rate lunches through the New Hanover County School System. I give permission for the New Hanover County School System to provide verification of my child's free/reduced-rate lunch status, to the Kids Making It Woodworking Program staff.

Signature of Parent/legal guardian

Date

Grant Demographics Information Form

The following information is needed for our grant funding requirements, and is kept confidential. Your child's name will not be attached to this information when it is reported to our funding sources.

Please check the box that applies for each question.

1. Student name: _____ **Date:** _____

DOB: _____

2. Gender: Male Female

3. Race:

- (AA) African American (NA) Native American/Alaskan Native (W) White
 (AS) Asian (NH) Native Hawaiian/ Pacific Islander (O) Other
 (H) Hispanic (M) Multiple Race

4. Disabled (*anything that interferes with one or more normal daily functions*)?

Yes No Additional info: _____

Does your child receive SSDI? Yes No

5. Type of Household:

2 parent household Single parent male head of household Single parent female head of household

6. How many people reside in your household? _____

7. Household Income (*Please list your household income per year*): _____

8. Does your child receive free and/or reduced lunch plan at school? Yes No

9. Average Number of school days missed by youth last year:

0-5 5-7 7-10 10-15 Over 15

10. Referred by:

- (LE) Law Enforcement (C) Court/Court Counselor (P/G) Parent/Guardian
 (MH) Counselor, Therapist, Psychologist (S) Self- Referral Other
 (SS) School System (teacher, school counselor or social worker) (CSP) Community Service Provider
 (YES) Youth Empowerment Services (formerly the Juvenile Day Treatment Center)

11. School: # of suspensions _____, # of school days missed _____,