**Client Intake Form**

***I heard about Take a Break from:***

Friend Event

School Flyer Agency: Other:

**To be completed by Guardian/Caregiver:**

Name: Address: City: State: NE Zip Code:

Phone: (H) ( ) (C) ( ) (W) ( )

**Ethnicity Email:**

Hispanic or Latino Non-Hispanic or Latino

**Race**

White/Caucasian Black or African American

American Indian or Alaska Native Middle Eastern Asian Multi-Racial Native Hawaiian or Other Pacific Islander Other

**Financial Bracket:** (annual income- household) Unemployed

Estimate $

**Number in household:**

weekly bi-wk. monthly yearly

Does your family qualify for the free or reduced lunch program? \_\_\_\_\_\_\_\_

**DOB:** /\_ /\_ **Age: Gender:** Female Male

1. Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

*Temp. Custody:*

*Foster Grand Child:*

*State Ward:*

*Adopted:*

No

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Race:

White/Caucasian Black or African American American Indian or Alaska Native Asian Middle Eastern Multi-Racial Native Hawaiian or Other Pacific Islander Other

### Does your child have any of the following special needs?

### ADHA/ADD Asthma Behavioral Autism/Autism Disorder

### Chronic Illness Developmental Hearing/Visual Impaired Learning Disorder

### Medical Needs Mental Illness Physical

### Speech Delay Other/Please list NONE

*Please explain any assistance your child will need while they are here:*

Does your child have any food allergies or intolerances or are there foods he/she **CANNOT** have? Yes No

If yes, please explain:

Are there any special discipline guidelines Yes No If yes, please explain:

Are there any cultural or religious beliefs that you would like to make us aware of? Yes No

Is there any additional information you would like us to know about your child?

1. Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

*Temp. Custody:*

*Foster Grand Child:*

*State Ward:*

*Adopted:*

No

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Race:

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Is there any additional information you would like us to know about your child?

1. Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

*Temp. Custody:*

*Foster Grand Child:*

*State Ward:*

*Adopted:*

No

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Hispanic or Latino Non-Hispanic or Latino Race:

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Are there any cultural or religious beliefs that you would like to make us aware of? Yes No

Is there any additional information you would like us to know about your child?

**4.** Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

*Temp. Custody:*

*Foster Grand Child:*

*State Ward:*

*Adopted:*

No

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Race:

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Are there any cultural or religious beliefs that you would like to make us aware of? Yes No

Is there any additional information you would like us to know about your child?

1. Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

*Temp. Custody:*

*Foster Grand Child:*

*State Ward:*

*Adopted:*

No

Ethnicity:

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Are there any cultural or religious beliefs that you would like to make us aware of? Yes No

Is there any additional information you would like us to know about your child?

1. Child’s Name:

Date of Birth: / /\_ Age: Gender: Female Male



*Biological Child:*

*Foster Child:*

Respite subsidy: Yes

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*Foster Grand Child:*

*State Ward:*

*Adopted:*

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If yes, please explain:

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Are there any cultural or religious beliefs that you would like to make us aware of? Yes No

Is there any additional information you would like us to know about your child?

# Take a Break

**Emergency Contact**

## \*We will always attempt to contact the parent/guardian first and will call the emergency contact only if you cannot be reached.

Parent's/Guardian's Name:

Address:

Phone #:

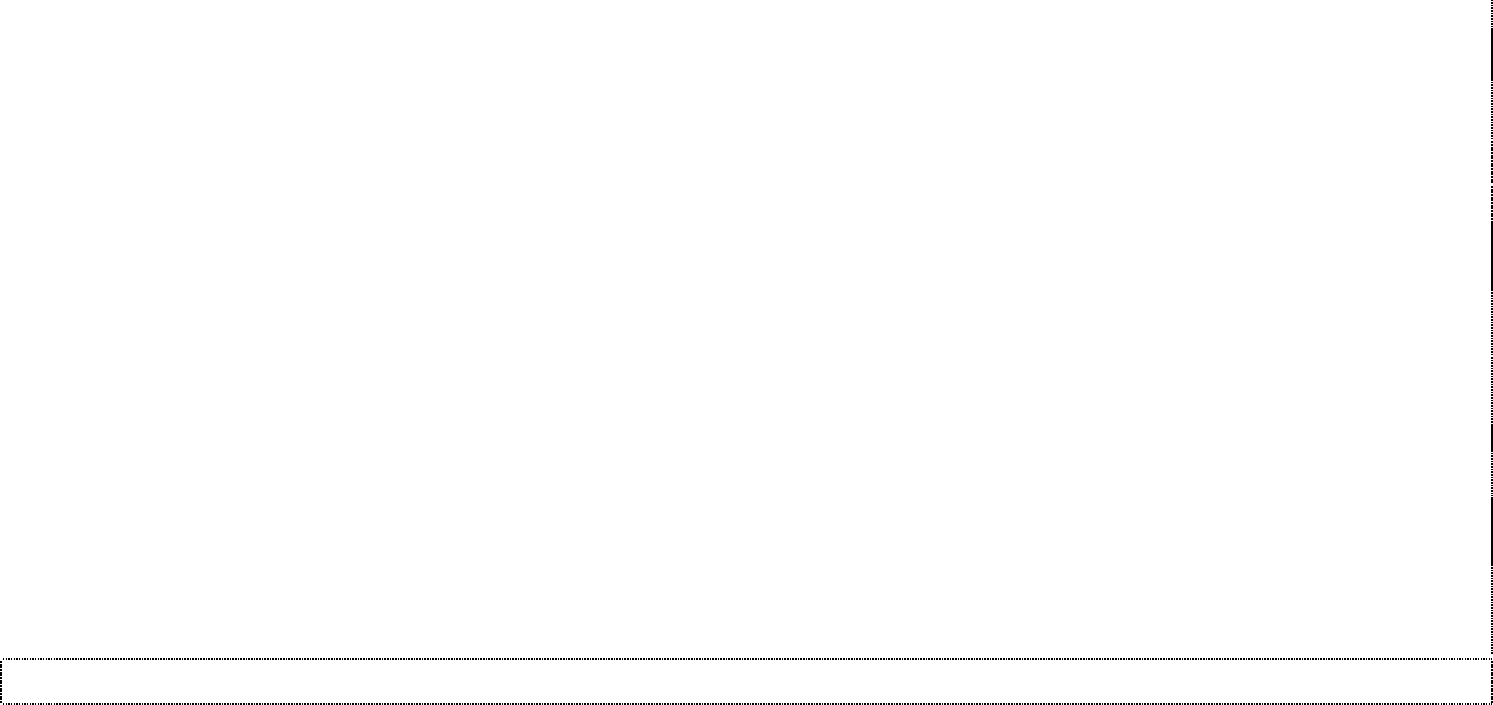
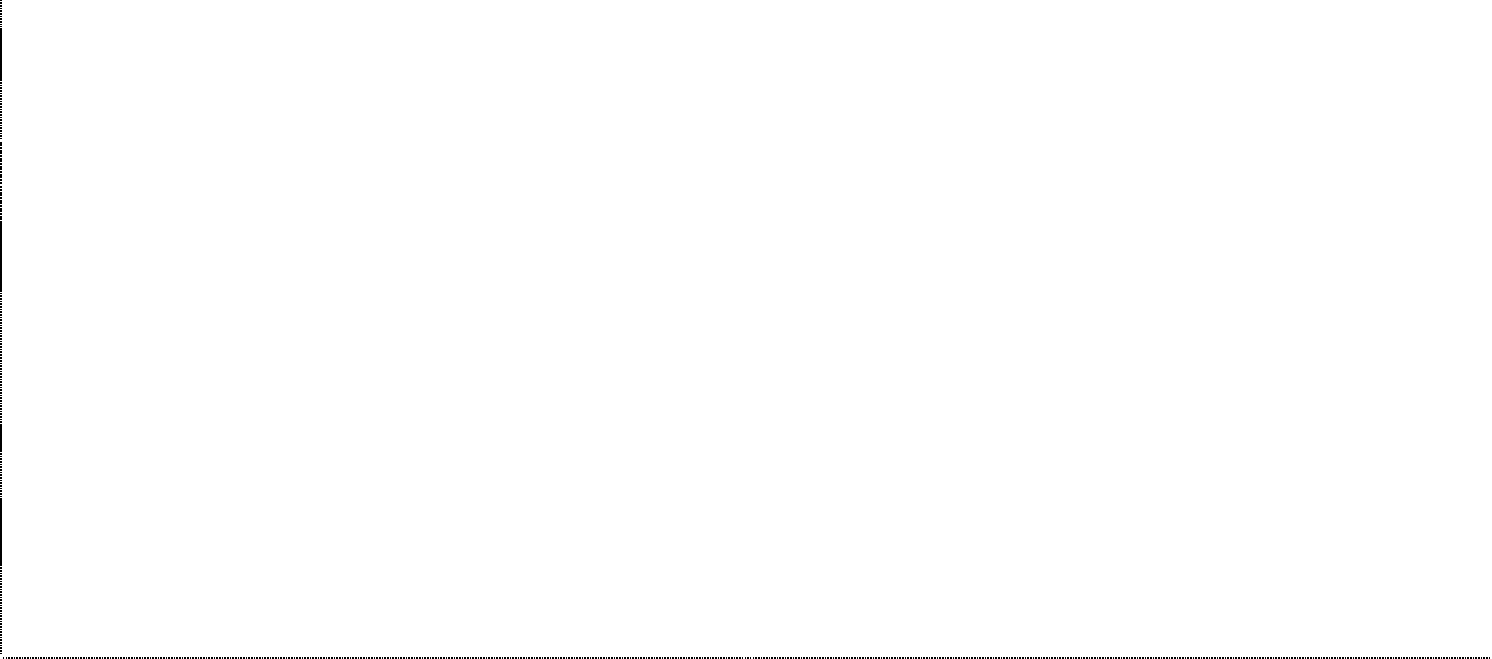
Child(rens) Name(s):

Cell Phone:

Emergency Contact: (*Photo identification required)*

Emergency Phone #: Cell Phone/Alternative Phone:

Additional information regarding emergency procedures, if needed:



**Drop off/Pick up of children**

Names of approved individuals (other than yourself) to transport child(ren) to and from program.

*(Photo identification required)*

1. Name: Relation:
2. Name: Relation:
3. Name: Relation:

Individuals **NOT** allowed to pick up children:

1. Name: Relation:
2. Name: Relation:

**YWCA Lincoln Take a Break Program**

**Release and Permission Form**

## Please read the following, circle yes or no, and sign where appropriate:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | I give permission for my child to participate in Take a Break. | YES | NO |
| 2. | I agree to read the parent manual and support the policies stated in it to the best of my ability. | YES | NO |
| 3. | In the event that my child is injured I give permissionforTake a Break staff to call a physician, ambulance or dentist to treat my child, if necessary. I understand that a concentrated effort will be made to contact me, another guardian or emergency contact. I understand that we and not the YWCA Lincoln will accept this expense. | YES | NO |
| 4. | I give permission for my child to attend field trips with TAB program that would include walking in the community. | YES | NO |
| 5. | I give staff permission to photograph or videotape my child for the program files, staff identification of participants, and promotional and marketing materials which may include the YWCA Lincoln website and Facebook pages. | YES | NO |

### In consideration of my child’s participation in the activities of the YWCA Take a Break program, I do hereby agree to hold free from any and all liability YWCA, and its respective officers, employees, and members, and do hereby for my child waive all rights and claims for damages which I or they may have while participating in Take a Break activities.

As the parent or guardian, I will work as a partner with TAB staff to ensure my child is successful at Take a Break. I understand that my child may be dismissed for failure to follow rules and failing to follow general operating procedures of the program.

Parent’s Signature:

Child/Children’s Name(s):

Date: