



Filipino Community of Seattle
5740 Martin Luther King Jr. Way S.
(206) 722-9372

After School Youth Program Registration Form

Due: February 1st 2022, please submit to Jane Randolph at jrandolph@filcommsea.org or return in person.

STUDENT NAME:

_____ (last) (first) (middle)

BIRTH DATE: _____ **GRADE:** _____ **SCHOOL:** _____

HOME ADDRESS: _____

HOME PHONE: _____

CONTACT PHONE DURING PROGRAM HOURS: _____

PARENT/GUARDIAN 1

_____ (last) (first) (relationship to student)

PHONE #: _____ **EMAIL ADDRESS:** _____

PARENT/GUARDIAN 2

_____ (last) (first) (relationship to student)

PHONE #: _____ **EMAIL ADDRESS:** _____

AUTHORIZED PICK-UPS

Please provide name, relationship to student, and phone number.

1) _____

2) _____

3) _____

Is your child limited in English-speaking? Yes No

If no, please indicate the primary language spoken at home: _____

Is your child an immigrant, refugee, or new arrival to the U.S.? Yes No

Is your child experiencing homelessness? Yes No

Does your child have special needs? Yes No

Does your child qualify for free or reduced lunch? Yes No

What is your child's gender?

- Female
Male
Other (please list) : _____

What is your child's ethnicity? (Please check all that apply)

- Latino(a)/Hispanic/Spanish Origin
American Indian or Alaska Native
Asian indian
Chinese
Filipino
Japanese
Korean
Laotian
Vietnamese
Other Asian:
Ethiopian/Eritrean
Other Black or African American
Middle Eastern or North African
Mixed Race
Native Hawaiian
Samoaan
Other Pacific Islander:
White
Other Race:
Black or African American
Somali
Would rather not say

Total gross income for your household based on HUD guidelines? (please refer to the HUD guideline attached to this document)

- Under 30% of median income
Under 50% of median income
Under 80% of median income
Equal or Above 80% of median income
Unknown

ALLERGIES (required)

To what and what are the reactions/ degree of reactions.

Does your child have an Epi-pen? Yes No

PERTINENT MEDICAL CONDITIONS AND/OR MEDICATIONS (required)

DOCTOR: _____ **PHONE:** _____

HOSPITAL: _____ **PHONE:** _____

Does your child have dietary restrictions?

Is there anything you would like us to know about your child?

It is the policy of Filipino Community of Seattle (FCS) to provide a safe and healthy environment for all students. Some of our program activities involve group movement and science experiments in addition to outdoor activities and field trips. FCS takes measures to minimize potential hazards. However, these activities carry some unavoidable risk of injury or exposure to common communicable diseases.

Parent Consent: I have read the above statement and I give my permission for my child to participate in activities with the FCS. I authorize FCS to act on behalf of my child in the event of an emergency and if my designated alternate or I cannot be reached. I waive and release FCS from any liability connected with illness or injury, which may arise in connection with his/her participation in FCS activities.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Occasionally, the Filipino Community of Seattle uses photographs of students for promotional and reporting purposes. If your child's photo is used, their name as well as your name may or may not appear along with the image.

_____ **YES**, FCS may use an image of my child in promotional materials with or without my name.

_____ **NO**, FCS may not use an image of my child in promotional materials with or without my name.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

(Parent/Guardian)

Program Fees and Requirements

We offer our youth programs for free! This includes any food and materials we provide your child with during the program as well. Along with this, we provide classes at the Innovation Learning Center free for your child's participation in our youth program. Here are the programming fees and conditions as follows:

1. Classes at the Innovation Learning Center are free of charge for youth participating in the Youth Development Program.
 - a. In order for the classes to be free, youth must have consistent attendance of the youth program and full completion and attendance of the Innovation Learning Center Classes.
2. Any additional classes not part of the Youth Program must be paid for at the Innovation Learning Center.
3. Use of the Makerspace at the Innovation Learning Center is free of charge if equipment is part of the class. Any additional use of the Makerspace and it's equipment outside of class curriculum must be paid for with Makerspace at the Innovation Learning Center.

2019 - 2020 HUD Income Categories

Instructions: Find the column for the number of people in your household. Go down that column until you find the income range for your annual gross income last year.

Look to the left to see what that row is labeled. That is your income category.

Household ➡ ↓ Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Category A Very Low. 30% HUD PMSA	Up to \$25,250	Up to \$26,600	Up to \$29,900	Up to \$33,200	Up to \$35,900	Up to \$38,550	Up to \$41,200	Up to \$43,850
Category B Low. 50% HUD PMSA	\$23,251 to \$38,750	\$26,601 to \$44,300	\$29,901 to \$49,850	\$33,201 to \$55,350	\$35,901 to \$59,800	\$38,551 to \$64,250	\$41,201 to \$68,650	\$43,851 to \$73,100
Category C. Moderate 80% HUD PMSA	\$38,751 to \$61,800	\$44,301 to \$70,600	\$49,851 to \$79,450	\$55,351 to \$88,250	\$59,801 to \$95,350	\$64,251 to \$102,400	\$68,651 to \$109,450	\$73,101 to \$116,500
Category D. Above Moderate Above 80% HUD PMSA	\$61,801 or More	\$70,601 or More	\$79,451 or More	\$88,251 or More	\$95,351 or More	\$102,401 or More	\$109,451 or More	\$116,501 or More

Note:

- HUD (U.S. Department of Housing & Urban Development)
- PMSA (Primary Metropolitan Statistical Areas)