



MAKIN MOVES PROGRAM INTAKE FORM

PARENT NAME: _____
(First name) (Last name)

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ WARD _____

PHONE: (____) _____ ALTERNATE (____) _____

EMAIL: _____

CHILD 1: FULL NAME, AGE, GENDER, & DOB

CHILD 2: FULL NAME, AGE, GENDER, & DOB

CHILD 3: FULL NAME, AGE, GENDER, & DOB

DO YOUR CHILDREN HAVE A GOVERNMENT ID (YES OR NO) _____

DO YOU RECEIVE TANF OR SNAP (YES OR NO) _____

HOMELESS YOUTH (YES OR NO) _____

HIGH SCHOOL ONE YEAR OLD THAN EXPECTED AGE (YES OR NO) _____