



PHOENIX PHYRE PROJECT

TO WHOM MUCH IS GIVEN, MUCH IS REQUIRED

FAMILY & CHILDREN'S PROGRAM REGISTRATION FORM

Please complete the sections that apply. Registration does not guarantee program enrollment or assistance; services depend on availability and program criteria.

1. PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Full Name: _____	Relationship to Child: _____
Street Address: _____	City / State / ZIP: _____
Phone Number: _____	Email Address: _____
Preferred Contact: ☐ Phone ☐ Text ☐ Email	Preferred Language: _____

2. CHILD INFORMATION

Child's Full Name: _____	Date of Birth: _____	Age: _____
School / Grade (optional): _____		
Does the child have a parent who is currently incarcerated or has experienced incarceration? ☐ Yes ☐ No ☐ Prefer not to answer		

Additional children: Name _____ Age _____ Name _____ Age _____

3. SERVICES REQUESTED

- ☐ Food assistance / pantry referrals ☐ Clothing, shoes, essential items ☐ School supplies / educational support
☐ Mentoring / youth development ☐ Wellness or family-support referrals
☐ Recreation / community outings ☐ Holiday assistance / special events
☐ Family reunification / reentry referrals ☐ Parenting resources
☐ Community resource referrals ☐ Other: _____

4. FAMILY NEEDS

What are your family's most important needs right now? ☐ Food ☐ Clothing ☐ Housing resources ☐ Transportation ☐ School support ☐ Childcare resources ☐ Emotional support ☐ Employment resources ☐ Other: _____

Additional information that may help us support your family:

5. EMERGENCY CONTACT

Emergency Contact Name: _____	Relationship: _____
Phone Number: _____	Authorized to pick up child, if applicable? ☐ Yes ☐ No

6. ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge. I understand that this form does not guarantee enrollment or assistance and that services depend on availability and applicable program policies. I authorize Phoenix Phyre Project to contact me about registration, activities, and available services.

Parent/Guardian Signature: _____ **Date:** _____

Staff Member: _____ **Date Received:** _____

Office use: Registration # _____ Program _____ ☐ Pending ☐ Approved ☐ Waitlisted Follow-up date _____



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EMERGENCY CONTACT & AUTHORIZED PICKUP FORM

Complete this page for each child participating in activities where emergency contacts or pickup arrangements are needed.

CHILD INFORMATION

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

PRIMARY EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

SECONDARY EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

AUTHORIZED PICKUP PERSONS

List only adults authorized to pick up the child. Notify the program in writing if this list changes.

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

EMERGENCY RESPONSE AUTHORIZATION

If I cannot be reached during an emergency, I authorize staff to contact the emergency contacts listed above and, when reasonably necessary, seek emergency medical assistance for my child. This does not replace any separate medical consent required by a provider or program.

Parent/Guardian Signature: _____ Date: _____

Additional instructions:



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PHOTO, VIDEO & STORY PERMISSION FORM

This form is optional. Your decision will not affect your child's eligibility for Phoenix Phyre Project services.

CHILD & PARENT/GUARDIAN INFORMATION

Child's Full Name: _____

Parent/Guardian Name: _____

PLEASE SELECT YOUR PREFERENCE

I give permission for Phoenix Phyre Project to photograph, record, or use the first name and/or a story about my child for the purpose(s) selected below:

- ☐ YES — photos/videos in printed materials, newsletters, or reports.
- ☐ YES — photos/videos on the nonprofit's website or social media.
- ☐ YES — an anonymous story or quote about program participation.
- ☐ NO — I do not give permission for my child to be photographed, recorded, or featured in stories.

UNDERSTANDING & LIMITATIONS

I understand that I may decline permission. Publicly shared content may be copied or redistributed by others, and complete removal from third-party sites may not be possible. I may revoke permission for future use by providing written notice. Revocation does not require retrieval of materials already printed or distributed. Sensitive personal information about a child should not be published.

Parent/Guardian Signature: _____ Date: _____

Staff Witness (optional): _____ Date: _____

Questions or restrictions (e.g., no name or no face shown):



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PARENT/GUARDIAN PROGRAM PARTICIPATION CONSENT

Use this form for general program participation. Add activity-specific permissions when needed, such as transportation, off-site trips, or medical care.

CHILD & PROGRAM INFORMATION

Child's Full Name: _____

Parent/Guardian Name: _____

Program / Activity: _____ Dates (if known): _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I am the parent or legal guardian of the child named above and give permission for my child to participate in the Phoenix Phyre Project program/activity identified above. I understand I may ask questions about schedules, supervision, safety procedures, and participation requirements.

I will provide accurate contact and emergency information and notify Phoenix Phyre Project of changes. Staff will take reasonable steps to provide a safe environment. This form is not a waiver of rights or a substitute for activity-specific consent, transportation permission, or medical authorization that may be required.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Best phone number: _____ Email: _____

OPTIONAL COMMUNICATION PREFERENCE

☐ I agree to receive program updates by text. ☐ Email. ☐ Contact me by phone only.

STAFF USE ONLY

Form received by: _____ Date: _____

Follow-up needed: ☐ Yes ☐ No Notes: _____

PRIVACY REMINDER

Collect only information needed to provide services. Keep completed forms secure and limit access to authorized personnel. Review these forms for consistency with your organization's actual programs, insurance, safeguarding policies, and applicable state and local requirements before official use.