



## Newark Neighbours Client Registration Form Dependants - Health and School Information

**Name:** \_\_\_\_\_

**Family Members:** Please list all family members residing in the household, including ALL children that are in your FULL-TIME care.

First and Last Name	Gender	Date of Birth (YYYY/MM/DD)	Health Card #
1			
2			
3			
4			
5			
6			
7			
8			

First and Last Name	Age	Name of School Child is Attending	Grade
1			
2			
3			
4			
5			

### Consent Form

I, \_\_\_\_\_ hereby consent to the disclosure or transmittal of information deemed necessary to determine my eligibility for the services from this agency. I understand that any misrepresentation of facts on this application form may be grounds for ineligibility of services.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NN Voluteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_