



Newark Neighbours Client Registration Form

Dependants - Health and School Information

Name: _____

Family Members: Please list all family members residing in the household, including all dependents and children that are in your full-time care

First and Last Name	Gender	Date of Birth (YYYY/MM/DD)	if Child > 6, name of school
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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. I understand that this information will be kept confidential, only to be used for Newark Neighbours determination of eligibility, except where required by law.

Clients' Signature _____ **Date:** _____

Volunteer Signature _____ **Date:** _____