Autism Empowerment
Accept Enrich Inspire Empower

generationOn
kids care clubs

Autism Serves Kids Care Club Youth Application

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Male ___ Female ___ Date of Birth _____ Grade _____ School _____

Autism / Aspergers _____ Sibling _____ Peer Mentor _____ Other _____

Name of Parent or Caregiver that will be attending (If more than one may be attending, please list each person):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Any accommodations that are needed? (use back if necessary): _____

_____

Emergency Contact Information

Name _____ Relationship _____

Phone Number _____ Alternative Number _____

Payment Type

- ❏ Check - $30 Payable to Autism Empowerment Check Number _____
- ❏ Cash
- ❏ Credit Card
  Number _____ Exp Date _____
- ❏ Applied for Scholarship
  Scholarship form attached Yes _____ No _____

For more information, please contact us at:

360-852-8369 - kidscareclub@autismempowerment.org

Visit us at the **Autism Empowerment** website:

www.AutismEmpowerment.org **www.facebook.com/autismempowerment**