

K.I.D.S. PROGRAM APPLICATION CHECKLIST

The following information is required along with the attached papers to ensure that your participation in the program is successful. Only completed applications with all documents will be processed for eligibility. The more information we have the more we will be able to effectively help you in your journey. Please contact a K.I.D.S. representative for any assistance you may need while applying. We look forward to working with you!

DOCUMENTS NEEDED FOR ELIGIBILITY DETERMINATION

1. COMPLETED AND SIGNED APPLICATION, AGREEMENT, AND CONSENT FORMS.
2. INCOME INFORMATION (I.E. W2 INFO, PAY STUBS)
3. ID (SCHOOL OR STATE ID)
4. PUBLIC ASSISTANCE INFORMATION (I.E. FOOD STAMPS)
5. CURRENT REPORT CARD (if applicable)

Please send application to: KIDS Corp
PO Box 5432
San Angelo, TX 76902

Once your information is received, your application will be processed and you will be contacted to discuss eligibility. Upon acceptance we will meet with you to determine the program that you like best.

Note: Deadline for application entry is November 1st
(will accept late applications upon individual request.)

Thank you for taking the time to apply for the program. Feel free to contact us with any questions.

K.J.D.S MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

Email (if applicable):

City:

State:

ZIP Code:

Contact method?

Phone contact

Email

(Please circle)

SCHOOL INFORMATION(IF APPLICABLE)

Current School:

School address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Grade:

Passing Failing (Please circle)

Graduation Date:

EMERGENCY CONTACTS

Name:

Phone:

Address:

City:

State:

Zip:

Relationship:

Name:

Phone:

Address

City:

State:

Zip:

Relationship:

REFERENCES

Name

Address

Phone

1.

2.

3.

SIGNATURES

I understand that by signing below does not guarantee acceptance into the K.I.D.S program until eligibility has been determined.

Date:

Signature of applicant:

Date:

Signature of Parent or Guardian (only if under 18):

Eligibility Determined? Yes/No _____ (initials)

Eligible for program? Yes/No _____ (initials)

K.I.D.S. Representative _____ (SIGNATURE)

DATE: _____

Email: karateindynamicservitude@gmail.com www.facebook.com/kidscorp or
www.karateindynamicservitudecorp.weebly.com

Phone Number: 325-212-1208