



Kid P.H.I.T

(Physical Health Initial Tasks)



A program designed to teach kids the importance of living a healthy lifestyle while having fun! Each session consists of kids preparing their own healthy snacks & developing lifetime physical activities. Kid PHIT will be held on Tuesdays from 4:00—5:30 p.m. from October 3rd through November 14th. **(No Kid PHIT on Halloween.)** Grade levels (K-4th) will be divided up to ensure maximum benefits.

Registration Deadline: Friday, September 22nd

Drop off form at the WRAC front desk

-Or- Mail in registration & payment to the WRAC

(limited space available)

Sponsored by collaborative efforts between The WRAC, Yuma County Department of Human Services, Yuma County Extension Office, Wray School District Transportation Department, Wray Community District Hospital, and Wray High School FCCLA.

Questions? Please call the WRAC at 332-4451 and speak with Jocelyn or send questions to jocelyndoddridge@wraconfwray.org. **WES Children can ride Bus #27 to the WRAC.**

Mail-In Kid PHIT Registration Form

Participant's Name: _____

Participant's Grade Level: _____

Participant's Birthday: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Emergency Contact: _____

Contact Phone Number: _____

T-Shirt Sizes: Youth **S M**; Adult **S M L** (If your child wears a Youth L we will order an Adult S)

Food Allergies and/or Health Concerns: _____

\$15 per participant

Kindergarten—Grade 4

Tuesdays: 4:00—5:30 p.m.

Oct. 3rd—Nov. 14th (6 weeks)

Limited class space available

Mail completed form with payment to:

WRAC

P. O. Box 447

Wray, Co. 80758

Photo Release: By signing this registration, I grant consent for my minor's photograph to be taken with participating in this program, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.

Waiver Statement: I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the program from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.

Parent Signature _____

Wray Rehabilitation & Activities Center, Inc.
Kid P.H.I.T.
Proof of TANF Eligibility

To the Parent(s) or Guardian(s):

Wray Rehabilitation & Activities Center is a 501(c)(3), non-profit organization. We are not affiliated with Yuma County Department of Human Services, but do receive program funding, specifically for the Kid P.H.I.T. program. Individuals, organizations and other donations help us to fund this program.

To meet funding requirements, it is necessary to provide a report on the program that includes the number of participants and the number of participants that are TANF eligible. All information gathered for this eligibility requirement is kept confidential and used solely for funding purposes.

Please complete the following information that is mandated for us to have on file for each Kid P.H.I.T. participant.

Thank you, in advance for taking the time to help us meet our funding requirements.

Sincerely,

Wray Rehabilitation & Activities Center, Inc.

Head of household's relationship to child: _____

Are you a citizen or qualified alien of the United States of America? Yes No

Annual household income: above \$75,000 ____ or below \$75,000 ____

Specified Need: Afterschool/Summer Activity, Nutritional Wellness Education

Child's Name: _____

Parent's (Guardian's) Signature _____

Wray Rehabilitation & Activities Center, Inc.
Kid P.H.I.T.
Prueba de Elegibilidad TANF

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activities Center es una organización 501 (c)(3), una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, específicamente para los Niños P. H. I. T. programa. Los individuos, las organizaciones y otras donaciones nos ayudan a financiar este programa.

A fin de satisfacer necesidades de financiación, es necesario proporcionar un informe sobre el programa que incluye el número de participantes y el número de participantes que son elegibles para el TANF. Toda la información obtenida de este requisito es confidencial y se utiliza exclusivamente para fines de financiación.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archivo de cada Kid P.H.I.T. participante.
Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Sinceramente,

Wray Rehabilitation & Activities Center, Inc.

Cabeza de familia de los niños la relación: _____

¿Es usted un ciudadano o extranjero calificado de los Estados Unidos de América? Yes No

Los ingresos familiares anuales: Por encima de los \$75,000 ____ o \$75,000 por debajo ____

Necesidad especificada: Actividades/verano extraescolares, Educación bienestar nutricional

Nombre del niño: _____

De los Padres (Guardian's) Firma: _____