



Application for Program Participation

CHILD INFORMATION: Fill out information about your child

Last:		First/Middle:		Preferred:	
Birth Date:		Male <input type="checkbox"/> Female <input type="checkbox"/>		Parental Status: One <input type="checkbox"/> Two <input type="checkbox"/>	
Living Address:					
City:		State:		Zip	

CHILD DEMOGRAPHICS: Fill out information about your child

Race (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Language	Primary Language?	Proficiency	
	English	Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
Ethnicity:		Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
Nationality:				

FAMILY INFORMATION: Fill out information about parents/guardians and family

PARENT/GUARDIAN	Name:			Primary Adult? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Relationship to Child:		Birth Date:					
Living Address:							
City		State		Zip			
E-mail Address:							
Phone Number		Primary Phone?	Phone Type (Work, Home, Cell)		Notes (when not to call, etc.)		
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Teen Parent (19 or younger): Yes <input type="checkbox"/> No <input type="checkbox"/>		Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Lives with Child: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Relationship to Adult:		English Level:	Education Level:		Employment Status:		
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>		None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/>		<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/>	Full Time (35+hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/>	Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
PARENT/GUARDIAN	Name:			Primary Adult? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Relationship to Child:		Birth Date:					
Living Address:							
City		State		Zip			
E-mail Address:							
Phone Number		Primary Phone?	Phone Type (Work, Home, Cell)		Notes (when not to call, etc.)		
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Teen Parent (19 or younger): Yes <input type="checkbox"/> No <input type="checkbox"/>		Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Lives with Family: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Relationship to Adult:		English Level:	Education Level:		Employment Status:		
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>		None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/>		<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/>	Full Time (35+hours) <input type="checkbox"/> Part Time Training <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/>	Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>

