

CHILD/YOUTH PARTICIPANT ENROLLMENT FORM**PARTICIPANT INFORMATION**

Child/Youth First Name _____ Middle Initial _____ Last _____

Date of Birth (MM/DD/YYYY) ____/____/____

Gender: Female Male Transgender Prefer to self-describe _____

Is the child/youth of Hispanic, Latino, or Spanish origin? ___ YES ___ NO

Race (Please select only one):

 American Indian or Alaskan Asian Black or African American Pacific Islander White
 Biracial or Multiracial Prefer to self-describe _____

What language(s) does the child/youth feel most comfortable speaking? (Select all that apply)

 English Spanish Other: _____

What is the child/youth's grade level? (Please choose only one.)

 Pre-K Kindergarten Grade 1st-12th (if summer program, enter grade level for Fall) _____
 Child under 5 not in school Not in school

Child/Youth's most recent school _____

Student's ID# (if known): _____

HOUSEHOLD INFORMATION

Caregiver First Name _____ Last _____ Caregiver Phone (____) _____

Is this a mobile phone? ___ YES ___ NO Caregiver Email Address: _____

Street Address _____ City _____ Zip _____

Primary Language Spoken at Home:

 English Spanish Creole Mandarin Arabic Russian Other: _____

Number of Individuals in the Household? _____ How many are children 0 – 17? _____ Youth 18 – 24? _____

For your current housing, do you:

 Own Rent Stay with friends or relatives Live in temporary shelter Other: _____

Total Household Income:

 \$0-\$15,060 \$15,061-\$22,590 \$22,591-\$30,120 \$30,121 - \$37,650 \$37,651 - \$45,180 \$45,181 - \$60,240 More than \$60,241

Which, if any, of the following do you or your family currently receive? (Check all that apply):

 Supplemental Nutrition Assistance Program (SNAP/food stamps) Unemployment Benefits
 Social Security Disability Income (SSDI) State Health Insurance (including children's health insurance)
 Medicaid Supplemental Security Income (SSI)
 Earned Income Tax Credit (EITC) ELC/School Readiness
 Temporary Assistance for Needy Families (TANF) None of the above
 Head Start/Early Head Start Other: _____

Please tell us anything you think it is important for us to know about you and your family's needs to be happy and successful in this program (e.g., learning disabilities, special needs, other):

I give my permission for this information to be shared with the Children's Services Council of Leon County (CSC Leon), a funder of this program. I understand that my child will be asked to complete periodic surveys to measure program quality and impact. All information will remain confidential and participant names will never be associated with the data gathered.

Caregiver First Name: _____ Caregiver Last Name: _____

Caregiver Signature: _____ Date: _____