



School Year
 2012-2013
 2013-2014

Child Information

First Name _____ Middle _____ Last _____ Suffix _____

Preferred Name _____ Date of Birth _____ Male Female **If applicable:** TB Clearance Reading Date _____

Race/Ethnicity: Native Hawaiian/Part Hawaiian Chinese Korean African American Filipino Native American/Alaskan Native Caucasian Japanese Other Pacific Islander _____ Other _____

Does your child have Special Needs or Medical Requirements? Yes No If yes, describe. _____

Does your child have food allergies? Yes No If yes, describe. _____

Family Information

Living Address _____ Home Phone # _____

City _____ State _____ Zip Code _____ Mobile Phone # _____

Mailing Address _____ Work Phone # _____

(If different from above) _____ email _____

City _____ State _____ Zip Code _____

Primary Parent/Guardian

First Name _____ Middle _____ Last _____ Suffix _____ Date of Birth _____

Male Female **If applicable:** TB Clearance Reading Date _____ Relationship to Child: _____

Best Contact # _____ Native Hawaiian? Yes No Employed? Yes No Biological Parent

Highest Grade Completed in School: Grade 9 or less Some High School GED Adoptive/ Foster Parent

High School Diploma Associates Degree Bachelors Degree Masters Degree Step Parent

Doctorates Degree Some College Vocational Professional Grandparent

Marital Status: Single Married Separated Divorced Other _____ Other _____

Secondary Parent/Guardian

First Name _____ Middle _____ Last _____ Suffix _____ Date of Birth _____

Male Female **If applicable:** TB Clearance Reading Date _____ Relationship to Child: _____

Best Contact # _____ Native Hawaiian? Yes No Employed? Yes No Biological Parent

Highest Grade Completed in School: Grade 9 or less Some High School GED Adoptive/ Foster Parent

High School Diploma Associates Degree Bachelors Degree Masters Degree Step Parent

Doctorates Degree Some College Vocational Professional Grandparent

Marital Status: Single Married Separated Divorced Other _____ Other _____

Additional Adult Participant (if other than Parent/Guardian)

First Name _____ Middle _____ Last _____ Suffix _____ Date of Birth _____

Male Female **If applicable:** TB Clearance Reading Date _____ Relationship to Child: _____

Best Contact # _____ Native Hawaiian? Yes No Employed? Yes No High School Diploma

Highest Grade Completed in School: Grade 9 or less Some High School GED Associates Degree Bachelors Degree Masters Degree Doctorates Degree Some College Vocational Professional

Associates Degree Bachelors Degree Masters Degree Doctorates Degree Some College Vocational Professional

Household Information

Does your family receive General Assistance (GA) or Temporary Assistance to Needy Families (TANF)? Yes No

Please check the income level corresponding to the combined yearly income of the child's parents. This includes Temporary Assistance to Needy Families (TANF), and other sources of income.

Less than \$9,999 \$10,000 - \$24,999 \$25,000 - \$54,999 \$55,000 - \$74,999 \$75,000 and above

How many adults in the household? _____ How many children in the household? _____

Language Most Often Used _____

Please list the following information for every person living in the household.
Include all adults and children, not including anyone listed on page one.

Name	Gender		Age	Date of Birth	Relationship to Child
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			

Emergency Contact Information

(Authorized Adults to pickup Child)
Must be over the age of 18

First Name _____ Last Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Mobile Phone # _____

Second Emergency Contact / Authorized Adult

First Name _____ Last Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Mobile Phone # _____

Medical Insurance Information

Child HMSA Kaiser UHA None Other _____ Check if QUEST

Primary Parent/Guardian HMSA Kaiser UHA None Other _____

Secondary Parent/Guardian HMSA Kaiser UHA None Other _____

How did you hear about the program?

Staff Member Family/Friend Elementary School Television Community Event

Banner/Flyers Radio Newspaper Ho'ala Recruitment Other _____