



GEMS INTAKE FORM 2018-2019-HELP Program

Original Enrollment Date ___/___/___ Current Program Year/Start Date ___/___/___

This form is for data gathering purposes only. The information on this form is not shared or used for any other purpose.

Thank you for your assistance. All data is kept strictly confidential as required by JWB and R'Club policies.

Please check the most appropriate Household Composition:

- Dual Parent-Married Single Parent/Female Head of Household Single Parent/Male Head of Household
- Dual Parent-Not Married, Female Head of Household Female Relative/Caretaker Head of Household
- Dual Parent-Not Married, Male Head of Household Male Relative/Caretaker Head of Household
- Other Relatives Married Other Relative/Single Other Non-Relative

Total Number of People in Household: ADULTS CHILDREN

Home Address: _____ City _____ Zip Code _____

Total Annual Gross Household Income (before taxes): \$ _____

How did you hear about this program? _____

Child in Care: First Name: _____ Last Name: _____ Current Grade _____

Child's Relationship to Head of Household: _____

Child Birth Date: ____-____-____ AGE _____ Gender: Male Female

Child Social Security #: ____-____-____ (If none, please give reason SS# is not provided)

CHILD'S RACE: Check ONE	CHILD'S ETHNICITY: Check ONE
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> No, Not Spanish/Hispanic/Latino
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Mexican, Mexican American Chicano
<input type="checkbox"/> Black African American	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Chinese	<input type="checkbox"/> Cuban
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Spanish/Hispanic/Latino: (Specify _____)
<input type="checkbox"/> Guamanian or Chamorro	
<input type="checkbox"/> Japanese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Multi-racial	
<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)	
<input type="checkbox"/> Other Pacific Islander (Fijian, Tongan, etc.)	
<input type="checkbox"/> Samoan	
<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> White	
<input type="checkbox"/> Some other race: (Specify _____)	

I certify that the above information is true and complete to the best of my knowledge.

Parent/Guardian Name (Please PRINT): First _____ Last _____

Signature of Parent/Guardian _____ Date _____

Home Phone () _____ Cell Phone () _____

Email (Please Print Clearly): _____

If any siblings attend this program, please list here:

- (1) _____ (2) _____ (3) _____
 PRINT Last Name, First Name PRINT Last Name, First Name PRINT Last Name, First Name

Signature of Director _____ Date _____

Parent has signed JWB:

Statement of Purpose JWB Authorization & Consent Date _____