

Clafin University Summer Arts Intensive

2018 Parent Information Form

INSTRUCTIONS: Please complete this form for **parent(s)** of children enrolled in the program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): _____/_____/_____

1. Please indicate the first name, middle name, last name, and date of birth for each of your enrolled children:

Child 1: Last Name, First, MI _____ DOB: _____

Child 2: Last Name, First, MI _____ DOB: _____

Child 3: Last Name, First, MI _____ DOB: _____

Child 4: Last Name, First, MI _____ DOB: _____

If necessary, please attach additional sheet for more children.

2. How did you find out about the *Clafin University Summer Arts Intensive*?

Internet or email correspondence

Personal contact or relationship

Mailing

Event advertising

Other _____

Research

School or educational institution

Child or youth services agency/program

Work

Parent/Guardian 1

3. Your Last Name, First, MI: _____

Your date of birth (MM/DD/YEAR): _____/_____/_____

Relationship to Child:

Mother

Father

Guardian

Other _____

4. What is your gender?

Male

Female

5. What is your race/ethnicity?

African American/Black, non-Latino

Native American/Indian or Alaska Native

Asian American

Mixed Heritage

Other _____

Native Hawaiian or Pacific Islander

Latino/Hispanic

European American/White, non-Latino

6. What is your primary or native language? _____

7. What is the highest level of education you have completed?

Elementary School

Some High School

High School

Diploma

Trade or Vocational
School

Associates Degree

Some College

Bachelor's Degree

Some Graduate
School

Master's Degree

Doctorate Degree

Professional Degree

Non-applicable

8. What is your residential address?

Street: _____

City: _____ State: _____ Zip Code: _____

9. What is your mailing address?

Street: _____

City: _____ State: _____ Zip Code: _____

Same as residential address

10. Please provide your contact information.

Work#: _____ Employer Name: _____

Home#: _____ Mobile#: _____

Email: _____

Parent/Guardian 2

11. Your Last Name, First, MI: _____

Your date of birth (MM/DD/YEAR): ____/____/____

Relationship to Child:

Mother

Father

Guardian

Other _____

12. What is your gender?

Male

Female

13. What is your race/ethnicity?

African American/Black, non-Latino

Native American/Indian or Alaska Native

Asian American

Mixed Heritage

Other _____

Native Hawaiian or Pacific Islander

Latino/Hispanic

European American/White, non-Latino

14. What is your primary or native language? _____

15. What is the highest level of education you have completed?

Elementary School

Some High School

High School

Diploma

Trade or Vocational
School

Associates Degree

Some College

Bachelor's Degree

Some Graduate
School

Master's Degree

Doctorate Degree

Professional Degree

Non-applicable

16. If different from parent/guardian 1, what is your residential address?

Street: _____

City: _____ State: _____ Zip Code: _____

17. What is your mailing address?

Street: _____

City: _____ State: _____ Zip Code: _____

Same as residential address

18. Please provide your contact information.

Work#: _____ Employer Name: _____

Home#: _____ Mobile#: _____

Email: _____

Family Demographic Information

19. How many people currently reside in your household? _____

20. How many children (persons under age 18) currently reside in your household? _____

21. What is your annual household income? (Please select from the list below and include ALL sources of income)

Note: Household income information is **confidential** and will NOT be shared with third parties. The *Clafin University Summer Arts* program requests this information in order to better serve and assess the needs of our *Clafin University Summer Arts Intensive* participants.

- \$0 - 25,000
- \$25,001 - 35,000
- \$35,001 - 45,000
- \$45,001 - 55,000
- \$55,001 - 65,000
- \$65,001 - 75,000
- \$75,001 +

Please provide a copy of your last TWO paystubs and/or a copy of your tax return from last year.

Parent/Guardian 1 - Employment Information

22. What is your current employment status?

- Full-time
- Part-time
- Self-employed
- Retired
- Unemployed
- Non-applicable

23. What is the name of your primary employer? _____

24. What is your primary profession/occupation? _____

Parent/Guardian 2 - Employment Information

25. What is your current employment status?

- Full-time
- Part-time
- Self-employed
- Retired
- Unemployed
- Non-applicable

26. What is the name of your primary employer? _____

27. What is your primary profession/occupation? _____

Emergency Contact Information

28. Emergency contact's Last Name, First, MI: _____

Emergency contact's relationship to you:

- Partner/Spouse
- Child
- Sibling
- Mother
- Father
- Relative
- Friend
- Neighbor
- Co-worker
- Other _____

Emergency Contact Information:

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

29. Please list other adults who are authorized to pick up your child.

Name	Relationship to Child	Mobile Number

