



# GEMS INTAKE FORM 2018-2019-LEW WILLIAMS 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 \_\_\_\_\_