



## Family Information

**PLEASE PRINT. All information is kept confidential.**

Today's date (month/day/year) \_\_\_/\_\_\_/\_\_\_

## Child/Youth Member

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  male  female Date of birth (month/day/year): \_\_\_/\_\_\_/\_\_\_

Current grade level: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

With whom does the child live? (check all that apply)

mother  father  grandmother  grandfather  aunt  uncle

other (specify): \_\_\_\_\_

Ethnic Origin:

African-American  African  Latino/Latina  European/American

Asian  Other (specify): \_\_\_\_\_

Native language:  English  Spanish  Other (specify) \_\_\_\_\_

Please check program(s) enrolling in:

Teen Girls  Teen Boys  Community Tutoring  Family Connections



## Parents/Guardians

### Parent/Guardian #1

Mr.  Ms.  Mrs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to child named above: \_\_\_\_\_ Birthdate (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Name of workplace: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like to receive information from Family Matters? (check all that apply)

Home phone  Cell phone  E-mail  Text  other: \_\_\_\_\_

In what language would you like to receive communications? \_\_\_\_\_

Ethnic Origin:

African-American  African  Latino/Latina  European/American

Asian  Other (specify): \_\_\_\_\_

Native language:  English  Spanish  Other (specify) \_\_\_\_\_

### Parent/Guardian #2

Mr.  Ms.  Mrs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to child named above: \_\_\_\_\_ Birthdate (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Name of workplace: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like to receive information from Family Matters? (check all that apply)

Home phone  Cell phone  E-mail  Text  other: \_\_\_\_\_

In what language would you like to receive communications? \_\_\_\_\_

Ethnic Origin:

African-American  African  Latino/Latina  European/American

Asian  Other (specify): \_\_\_\_\_

Native language:  English  Spanish  Other (specify) \_\_\_\_\_

**Additional Information**

Last year's gross family income (check correct range):

- less than \$10,000*     *\$10,001-14,000*     *\$14,001-20,000*     *\$20,001- 25,000*  
 *\$25,001-30,000*     *\$30,001-40,000*     *more than \$40,000*

List interests or expertise that you would like to share with Family Matters:

\_\_\_\_\_  
\_\_\_\_\_

Parents/guardians are asked to volunteer 10 hours during the school year. How would you like to contribute?

- Program support     Teach/lead an activity     Walk-a-thon  
 Other (specify): \_\_\_\_\_

What other community groups, clubs or organizations are you affiliated with?

\_\_\_\_\_

Do you have the following social media accounts?

Facebook:     Yes     No    User Name: \_\_\_\_\_

LinkedIn:     Yes     No    User Name: \_\_\_\_\_

Twitter:     Yes     No    Handle: \_\_\_\_\_

Other: \_\_\_\_\_ How are you identified? \_\_\_\_\_

Last time you visited Family Matters' website?

- 1 week ago     1 month ago     3-6 months ago     More than 6 months ago  
 I have not visited the website