



# Citizens Alliance for Progress, Inc. - Youth Participant Application

Please select the appropriate program :  Academic Enhancement  Summer Enrichment Camp  Youth Development

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ Age: ____
Address: _____	Social Security #: _____
City/State/Zip Code: _____	Student Id #: _____
Education: _____ Grade _____ <u>School</u> <input type="checkbox"/> Tarpon Elementary <input type="checkbox"/> Tarpon Springs Middle <input type="checkbox"/> Tarpon High <input type="checkbox"/> Sunset Hills Elementary <input type="checkbox"/> Other: _____	<input type="checkbox"/> New Applicant <input type="checkbox"/> Returning Applicant <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Interested in: <input type="checkbox"/> Boys II Men <input type="checkbox"/> Youth Leadership <input type="checkbox"/> Girls Empowered &amp; Motivated to Succeed (GEMS)</div> Shirt Size: _____ Youth or Adult
<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some other race Participant Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>Ethnicity</u> <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Please select one of the following: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino

## Household Information

Parent/Guardian(s) Name: _____	Relationship to Child: _____
Address: _____	Home Phone: _____
City/State/Zip Code: _____	Cell Phone: _____
Email Address: _____	Work Phone: _____
Emergency Contact Person: _____	Phone Number: _____

Household Income: \$ \_\_\_\_\_ (Before Taxes) # of Adults in Household \_\_\_\_\_ # of Children in Household \_\_\_\_\_

## Household Arrangement

- |   |   |
|---|---|
| <input type="checkbox"/> Dual Parent-Married                    | <input type="checkbox"/> No Dependents-Single Female                          |
| <input type="checkbox"/> Other-Relative/Kinship Care-Married    | <input type="checkbox"/> Single Parent-Male Head of Household                 |
| <input type="checkbox"/> No Dependents-Married                  | <input type="checkbox"/> Dual Parent-Non Married Male Head of Household       |
| <input type="checkbox"/> Single Parent-Female Head of Household | <input type="checkbox"/> Dual Parent-Non Married Female Head of Household     |
| <input type="checkbox"/> No Dependents-Single Male              | <input type="checkbox"/> Other-Relative/Kinship Care-Male Head of Household   |
| <input type="checkbox"/> No Dependents-Couple, Non-married      | <input type="checkbox"/> Other-Relative/Kinship Care-Female Head of Household |

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

- OFFICE USE ONLY -		<input type="checkbox"/> New Participant
Application Received on: _____	Received By: _____	<input type="checkbox"/> New Episode
Episode Begin Date: _____	FAM ID: _____	MEM ID: _____
		<input type="checkbox"/> Updating Information