Claflin 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	s Date (MM/DD/YEAR):/	
1.	Please indicate the first name, middle name, last name, and date of birth for	or each of your enrolled children:
	Child 1: Last Name, First, MI	·
	Child 2: Last Name, First, MI	
	Child 3: Last Name, First, MI	
	Child 4: Last Name, First, MI	
	If necessary, please attach additional sheet for more children.	
2.	How did you find out about the Classification 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
Par	rent/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 □ Trade or Vocational □ Some High School □ Associates Degree □ Diploma □ Some College □	J Some Graduate ☐ Professional Degree School ☐ 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#:	Employe	er Name:		
	Home#:	_ Mobile	# :		
	Email:				
<u>Par</u>	ent/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	0	Latino/Hispanic European Americ	or Pacific Islander can/White, non-La	tino
14.	What is your primary or native language?				
15.	What is the highest level of education you have completed? ☐ Elementary School ☐ Trade or Vocational ☐ Some High School ☐ School ☐ High School ☐ Associates Degree ☐ Diploma ☐ Some College	☐ Sc Sc	achelor's Degree ome Graduate chool aster's Degree	☐ Profe	orate Degree essional Degree -applicable
16.	If different from parent/guardian 1, what is your residential address? Street:				
	City:		State:	Zip Code:	
17.	What is your mailing address?			1	
	Street:				
	City:				
18.	☐ Same as residential address Please provide your contact information.			1	
	Work#:	Employe	er Name:		
	Home#:	_ Mobile#	# :		
	Emile				

Fam	ily !	Demographic Information				
	19.	How many people currently reside in your housel	nold?	<u> </u>		
:	20.	How many children (persons under age 18) current	ntly r	reside in your household?		
:	21.	What is your annual household income? (Please s Note: Household income information is confide program requests this information in order to bet participants.	ential	l and will NOT be shared with third parties. Th	ne <i>Cli</i>	laflin University Summer Arts
		\$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 payst	tubs	and/or a copy of your tax return from last	year.	
Pare	:nt/	Guardian 1 - Employment Information				
2	22.	What is your current employment status? ☐ Full-time ☐ Part-time		Self-employed Retired		Unemployed Non-applicable
2	23.	What is the name of your primary employer?				
	24.	What is your primary profession/occupation?				
Pare	:nt/	Guardian 2 - Employment Information				
2	25.	What is your current employment status? ☐ Full-time ☐ Part-time		1 2		Unemployed Non-applicable
:	26.	What is the name of your primary employer?				
	27.	What is your primary profession/occupation?				
Eme	erge	ency Contact Information				
:	28.	Emergency contact's Last Name, First, MI:				
		Emergency contact's relationship to you:				
		☐ Partner/Spouse ☐ Mother ☐ Child ☐ Father		☐ Friend ☐ Neighbor		Other
		☐ Sibling ☐ Relative		Co-worker		
		Emergency Contact Information:				
		Home Phone:		Work Phone:		
		3.6.1.11 mi		T 1 A 11		
	20	Mobile Phone:				
•	29.	Please list other adults who are authorized to pick	t up y	your child.		
	ſ	Name		Relationship to Child	Mob	oile Number
	-			+		

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Acknowledgement/Release of Liability	
·	est of my ability, providing accurate and complete information.
can attest that I have read and completed the best application to b	est of my ability, providing accurate and complete information. rts Intensive engages participants in some rigorous activity in an effort to
can attest that I have read and completed the best application to b Furthermore, I acknowledge that The Claffin University Summer Ar	
can attest that I have read and completed the best application to b furthermore, I acknowledge that The Claffin University Summer Amstruct and prepare students for daily arts-instruction and activities.	rts Intensive engages participants in some rigorous activity in an effort to . I understand the Claflin University Summer Arts Intensive and its staff
can attest that I have read and completed the best application to be furthermore, I acknowledge that The Claffin University Summer Amstruct and prepare students for daily arts-instruction and activities members will take reasonable measures to keep all children safe dur	rts Intensive engages participants in some rigorous activity in an effort to . I understand the Claflin University Summer Arts Intensive and its staff ing the course of the camp and its activities. Should my child/ren
can attest that I have read and completed the best application to be urthermore, I acknowledge that The Claflin University Summer Amstruct and prepare students for daily arts-instruction and activities numbers will take reasonable measures to keep all children safe durbarticipate in the program, I understand they are participating at the	rts Intensive engages participants in some rigorous activity in an effort to . I understand the Claflin University Summer Arts Intensive and its staff ing the course of the camp and its activities. Should my child/ren
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