



Where young people grow, thrive and lead!

EXPANDED LEARNING PROGRAM APPLICATION

Application Date: _____ ASP Summer

School Site: Bella Vista Cleveland Edna Brewer Franklin Frick Garfield Lazear
 Lincoln Manzanita Roosevelt SEED UPA : _____

Youth Information

First Name _____ Middle Name _____ Last Name _____ Birth Date (MM/DD/YY) _____

Street Address _____ City _____ Zip Code _____

Grade Level (2021-2022 School Year) _____ Student Email _____ Gender _____

1) Youth is living with (Please check one, the primary caregiver):

Both Parents Mother Only Father Only Grandparent(s)
 Foster Care Group Home Homeless Other: _____

2) Child's ethnicity (Check all that apply):

African American/Black Burmese Chinese Eritrean Guatemalan
 Hmong Honduran Iraqi Khmer/Cambodian Laotian
 Mexican Mien Native American Nepali Pilipino/a
 Salvadoran Somali Tongan Vietnamese White/ Caucasian
 Yemeni Decline to state Other Latino/a: _____ Other: _____

3) List sibling(s) enrolled or enrolling in EBAYC (If applicable):

(1) First Name _____ Last Name _____ DOB _____ Grade _____ School _____

(2) First Name _____ Last Name _____ DOB _____ Grade _____ School _____

Guardian Information

Primary Guardian (First and Last) _____ Relationship _____ Email Address _____
 (_____) _____ (_____) _____
 Home Phone _____ Cell Phone _____

4) Primary Guardian's highest COMPLETED education level? (Please check one)

None Less than High School High School/GED Trade School
 Associate Degree (Community College) Bachelor's Degree (Four-year College) Master's Degree or PhD

Secondary Guardian (First and Last)	Relationship	Email Address
(_____)_____		(_____)_____
Home Phone		Cell Phone

5) Secondary Guardian's highest COMPLETED education level? (Please check one)

- None Less than High School High School/GED Trade School
 Associate Degree (Community College) Bachelor's Degree (Four-year College) Master's Degree or PhD

Household Information Survey

Thank you for completing the survey below. The confidential information you provide helps us better understand our community and is used to seek funding and resources necessary for providing high-quality services for your child. We appreciate your support and input.

1) How many people live in your household? _____

("Household" means all the people who live in the same home including the child, parent/guardian, step parent, domestic partner, siblings, other family members such as aunt, uncles, in-laws, cousins, grandparents, or other people who are not related to.)

2) What is your total annual household income? (Please check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$10,000 or less | <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$80,001 - \$90,000 | <input type="checkbox"/> \$90,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$110,000 | <input type="checkbox"/> Over \$110,000 |

3) Do you participate in any public benefits programs? (Check all that apply)

- CalFRESH/SNAP CalWORKs General Assistance SSI Other: _____

Parent/Guardian's Name	Signature	Relationship	Date
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