



Where young people grow, thrive and lead!

# SHOP 55 EXPANDED LEARNING PROGRAM INTAKE

Intake Date: \_\_\_\_\_

## Youth Information

First Name	Middle Name	Last Name	Birth Date (MM/DD/YY)
Street Address		City	Zip Code
Grade Level (2022-2023 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
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( \_\_\_\_\_ )  
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)**

- \$10,000 or less       \$10,001 - \$20,000       \$20,001 - \$30,000       \$30,001 - \$40,000  
 \$40,001 - \$50,000       \$50,001 - \$60,000       \$60,001 - \$70,000       \$70,001 - \$80,000  
 \$80,001 - \$90,000       \$90,001 - \$100,000       \$100,001 - \$110,000       Over \$110,000

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

- CalFRESH/SNAP       CalWORKs       General Assistance       SSI       Other: \_\_\_\_\_

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Parent/Guardian's Name    Signature    Relationship    Date