



Season/Year _____

HOUSEHOLD INFORMATION	
Annual Household Income: <input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$15,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$65,000 <input type="checkbox"/> \$65,001 - \$75,000 <input type="checkbox"/> \$75,001 +	Number of People in Household: _____ # of children under 18 years old _____ # of adults in home
Parent/Guardian active in Military? <input type="checkbox"/> Yes , Branch _____ <input type="checkbox"/> No Is someone in the home Handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Head of Household: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	Student Lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Other Single Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Select all that your household receives: <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Compensation	Race: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other
Highest Level of Education: <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, no degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Mandarin <input type="checkbox"/> Other

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Parent/Participant Signature

Date