Club Unit (Circle One)

Harry Nigro Unit
Ben Milam/Bonita Park Unit
Lamar/Los Vecinos Unit
Lemoyne Gardens Unit
Wilson/Primera Unit

General Information

First Name:	Last N	ame:	Middle Na	me:
Birth date: / /	_ Age: G	ender: E	Email Address:	_
Address:		City:	Sta	ite:
Home Phone :()	Cell Phon	e <u>:(</u>)	Emergency	7 : <u>(</u>)
Name of School:	G	rade:G	uardian E-Mail:	
Ethnicity (Circle one): White	Black Asian	Indian/Alaskan	Asian and White	
Native-	American/Other Pa	cific Islander	White and Black Multin	racial
Are you of Hispanic Origin? (C	ircle) YES	NO		
		amily History		
Mother's Name:E				
Father's Name:Er				e :()
Number of Brothers and Sisters	:Brother	sSis	sters	
Is Parent Active Military?	YesNo			
	Med	lical Informatio	n	
Doctor's Name & Phone #:				
Family's Health Insurance Prov	Group #:			
Please indicate any medical pro	blems or allergies:_			
Please indicate any medication	presently taking:			
Please indicate any disabilities:				
	Confid	lential Informat	tion	
Household Income: \$0-10,000	\$10,001-20,000	\$20,001-30,	900 \$30,001-40,000	Over \$40,000
Circle all that apply: SSDI	SSI TANF	Day Care Volu	inteer Food Stamps Te	een Parent
Genera	School Lunch Veteran Compensation			
Family Setting: Single Parer	nt Foster Care	1Parent/1 Step	Both Parents Grand-I	Parents