

AeroSpace Education Impact Program
CHILD/YOUTH PARTICIPANT ENROLLMENT FORM
(For Program Enrollment and Administrative Use Only)

PARTICIPANT INFORMATION

Child/Youth First Name _____ Middle Initial _____ Last _____

Date of Birth (MM/DD/YYYY) _____

Age: _____ Gender: _____ Female _____ Male _____ Transgender _____ Prefer to self-describe _____

Is the child/youth of Hispanic, Latino, or Spanish origin? YES NO

Race (Please select only one):

_____ American Indian or Alaskan _____ Asian _____ Black or African American _____ Pacific Islander _____ White
_____ Biracial or Multiracial _____ Prefer to self-describe _____

What language(s) does the child/youth feel most comfortable speaking? (Select all that apply)

_____ English _____ Spanish _____ Other: _____

What is the child/youth's grade level? _____th Grade

Child/Youth's current school _____

HOUSEHOLD INFORMATION

Caregiver First Name _____ Last _____ Caregiver Phone(____) _____

Is this a mobile phone? YES **NO** Caregiver Email Address: _____

Street Address _____ City _____ Zip _____

Primary Language Spoken at Home:

_____ English _____ Spanish _____ Creole _____ Mandarin _____ Arabic _____ Russian

Other: _____

Number of Individuals in the Household? ____ How many are children 0 -17? ____ Youth 18-24? ____

For your current housing, do you:

Own Rent Stay with friends or relatives Live in temporary shelter Other: _____

Total Household Income:

_____ \$0-\$15,060	_____ \$30,121 - \$37,650	_____ More than \$60,241
_____ \$15,061-\$22,590	_____ \$37,651 - \$45,180	
_____ \$22,591-\$30,120	_____ \$45,181 - \$60,240	

Which, if any, of the following do you or your family currently receive? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program
(SNAP/food stamps) | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> State Health Insurance (including children's health insurance) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> ELC/School Readiness |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Other: _____ |

**Big Bend Minority Chamber of Commerce
CHILD/YOUTH PARTICIPANT ENROLLMENT FORM**

Please tell us anything you think it is important for us to know about you and your family's needs to be happy and successful in this program (e.g., learning disabilities, special needs, other):

Parents, please complete the section below for your child to be eligible to participate in this program.

Permission to Participate in AeroSpace Education Impact Program

I give my permission to participate in this program.

_____ Parent Initial

Photo Release

I will allow my child to be photographed for displays, promotions, video productions and financial literacy classes conducted during, and that will only be shared with the public.

_____ Parent Initial

Movie Permission

My child has permission to participate to view any G- or PG- Rated movies shown during the program.

_____ Parent Initials

I give my permission for this information to be shared with the Florida A & M University. I understand that my child will be asked to complete periodic surveys to measure program quality and impact. All information will remain confidential and participant names will never be associated with the data gathered.

Caregiver First Name: _____ Caregiver Last Name: _____

Caregiver Signature: _____ Date: _____