

Out-of-School Time Data Collection Form

Agency Name	Enrollm	ent Date:
Youth Information		
First Name:	Last Name:	MI:
SSN:		3:
Address:	The Million Medium and the Control of the Control o	
	State:	Zip:
	Cell Phone:	
Email:	Househo	old Members:
Primary Caregiver's Relationshi	p to the Youth:	
Secondary Caregiver's Relation	ship to the Youth:	
School District:	or Drivate/Charter School	
School Name:		
	Ethnicity:	
☐ English Language Learner Stat	us Foster Care IEP 504	School ID No.
Primary Caregiver Information		
First Name:	Last Name:	MI:
Address:		
City:	State:	Zip:
Marital Status:	Education:	d to the second
Income: □ < 10K □ 10K -15K □ 15	5K-24K 🗆 25K-35K 🗆 35K-50K 🗀 50K-75K 🛭	□ 75K-100K □ > 100K
Household Members:		
☐ Male ☐ Female DOB:	Ethnicity:	Language:
Home Phone:	Cell Phone: _	
□ Employed □ Unemployed	Disability	Dursuing GED
Email:	0	
Secondary Caregiver Information		() 2012年1月1日 100年1月1日 100年1日 100年
First Name:	Last Name:	MI:
Address:		
City:	State:	Zip:
Marital Status:	Education:	
Income:	Household Members:	······································
Home Phone:	Cell Phone:	
☐ Male ☐ Female DOB:	Ethnicity:	Language:
☐ Employed ☐ Unemployed	Disability	Pursuing GED
Email:		