Campus Kids Connection, Inc.
Information Sheet

Child(ren)'s Name _____

Parent's Name _____

Number of people in the household _____

Gross Monthly Income _____

Include all sources of income i.e.: employment, financial aide, child and spousal support, etc.
Please attach proof if you wish to qualify for **Step #1** on our sliding scale.

Has your child (ren) ever attended CKC? ☐ No ☐ Yes If yes when? _____
Site Location?_____

Please note to fill out the following information is optional. This information is used for statistical reporting to the County of Santa Cruz and the State of California. CKC guarantees that this information will be kept confidential.

Ethnic Back Ground:

	Primary Ethnicity **(Mark Only One)**
African American	☐
Native American	☐
Asian American	☐
European American	☐
Caucasian	☐
Latino	☐
Other	_____
Decline to State	☐