**RIIS ACADEMY REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian** |  | **Email Address** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CHILDREN ENROLLED IN THE PROGRAM (include all children enrolled/applying to Riis Academy.)*** | | | | |
| **First & Last Name** | **Age** | **Grade** | **School Attending** | **Attended**  **Summer School?** |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you live in:** | □ Queensbridge | □ Ravenswood | □ Astoria | □ Other, Please name: |  |

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| ***HEAD OF HOUSEHOLD INFORMATION*** | | | | | | | | | |
| **Martial Status** | □ Divorced □ Domestic Partner □ Married □ Never Married □ Single □ Widowed | | | | | | | | |
| **Housing Status** | □ Homeless-Living in a Shelter □ Homeless-Living on the Street □ Own Apartment/House □ Renting a Room  □ Renting Apartment/House □ Residential Facility □ Staying with Friends/Family □ Transitional Housing | | | | | | | | |
| **Housing Composition** | □ 2 Adults - no children □ Child with extended family □ Child with guardian □ Lives Alone □ Other  □ Single □ Single parent-female □ Single parent-male □ Two parents | | | | | | | | |
| **# of Adults in Household** | |  | | | **# of Children in Household** |  | | **Free/reduced lunch** | □ Yes □ No |
| **Personal Income (yearly)** | | **$** |  | | **Household Income (yearly)** | **$** |  |  | |
|  | |  | | | | | | | |
| **Employment Status:** | | □ Employed Full time (+20 hrs) □ Employed Part time (-20hrs) □ In school-not working  □ Unemployed/Available for Work □ Not Available for Work □ Retired | | | | | | | |
| **Employment Sector** | | □ Professional/Office Work □ Restaurant/Food Service □ Maintenance/Housekeeping □ Hospitality, Retail  □ Construction □ Health Care □ Skilled Labor/Trade □ Technology/IT □ Military □ Other | | | | | | | |
| **Government Assistance Agency or Program**  □ Not Receiving | | | | ***If receiving, please check one.*** | | | | | |
| □ Food Stamps □ Medicaid □ Old Age Assistance □ Other □ Refugee Cash Assistance  □ Safety Net/Home Relief □ Section 8 □ SSI/SSDI □ TANF □ WIC | | | | | |
| **Income Sources** | ***Check all that apply.*** | | | | | | | | |
| □ Alimony □ Child Support □ Disability Insurance □ Employment □ Food Stamps □ Other □ Pension  □ Scholarship □ Self-Employment □ Social Security □ SSI/SSDI □ TANF □ Unemployment □ Veterans  □ Work Study □ Workers Comp | | | | | | | | |

**PLEASE COMPLETE PAGE 2**

**RIIS ACADEMY REGISTRATION FORM, PAGE 2**

|  |  |
| --- | --- |
| **Medical Insurance Type** | ***Please check all that apply.*** |
| □ Child Health Plus □ Family Health Plus □ HHC □ Medicaid □ Medicare  □ Private Medical Ins. (Aetna, Blue Cross, etc.) □ Uninsured |
| **Education Level**  **(Head of Household)** | □ Elementary/Grade School □ Junior High/Middle School □ Some High School □ High School Diploma  □ GED □ Vocational Certificate □ Some College □ Associates Degree □ Bachelors Degree  □ Masters □ PhD □ No Formal Education |

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| --- | --- | --- | --- |
| **Preferred Method of Contact:** | □ Email | □ Phone | □ US Mail |

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| **How did you hear about Riis Settlement? Check one.** |
| □ Agency event □ Bulletin/flyer □ Friend or family □ News/newspaper □ Other □ Outreach worker □ Presentation  □ Referral from another agency □ Walk-in |

**THANK YOU**