



**ARMORY
Program of Harlem Children's Zone
Registration Intake Form
Print Only!!**

<i>Office Use Only</i>
Name of Event: _____
Date of Event: _____
Intake Initials: _____

Are you an HCZ Parent? Yes or No

Name site affiliation: _____

Are you an HCZ Participant? Yes or No

Name site affiliation: _____

Please Print!

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: Male or Female

Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____

Please complete when additional family members are present during registration.

First Name, Last Name	Date of Birth	Gender	Relationship to you
		<input type="checkbox"/> Male or <input type="checkbox"/> Female	
		<input type="checkbox"/> Male or <input type="checkbox"/> Female	
		<input type="checkbox"/> Male or <input type="checkbox"/> Female	

Participant's Race/Ethnicity (check all that applies):

- | | | |
|---|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Haitian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Senegalese | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Asian (Specify): _____ |
| <input type="checkbox"/> Guinea Bissau | <input type="checkbox"/> Mexican | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Ivory Coast | <input type="checkbox"/> Other Hispanic/Latino (Specify): _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Mali | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other African (Specify): _____ | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> West Indian (Specify): _____ | <input type="checkbox"/> Asian Indian | |
| | <input type="checkbox"/> Chinese | |

Household Income Range:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$45,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$60,000 to \$74,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$40,000 to \$44,999 | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$200,000 or more |

HCZ respects your privacy. We will not give third parties access to your personal contact information.

<i>Office Use Only</i>
Entered in ETO & Managed Grouped.
Staff Initials: _____