

**REGISTRATION FORM**

SCHOOL NAME: _____

COUNSELOR

NAME: _____

<input checked="" type="checkbox"/>	Saint Lucie
<input type="checkbox"/>	Indian River
<input type="checkbox"/>	Martin
<input type="checkbox"/>	Okeechobee

Return completed form (with \$25 fee)*
to student's homeroom teacher.*Make checks payable to CASTLE. Fee waived for those who receive free or reduced-price lunches.
For questions, call: (772) 461-0863, ext. 501**STUDENT INFORMATION**

1	FIRST & LAST NAME	DATE OF BIRTH	AGE	M	F	Circle Gender	TEACHER	GRADE
	ETHNICITY/RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Native American <input type="checkbox"/> Other							
2	FIRST & LAST NAME	DATE OF BIRTH	AGE	M	F	Circle Gender	TEACHER	GRADE
	ETHNICITY/RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Native American <input type="checkbox"/> Other							
3	FIRST & LAST NAME	DATE OF BIRTH	AGE	M	F	Circle Gender	TEACHER	GRADE
	ETHNICITY/RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Native American <input type="checkbox"/> Other							

PARENT/GUARDIAN INFORMATION

NAME: _____	Does your child receive reduced-price or free lunches?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
TEL. #: _____	Is any immediate family member active in the military or a veteran?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
ADDRESS: _____	Have any of your children previously completed High Hopes?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
CITY: _____ ZIP: _____	If yes, please list children's names:		
EMAIL: _____			

SEPARATION INFORMATION: Divorced Separated Widowed Military Deployment Incarceration Other: _____TIME APART: _____ years / _____ months **CHECK ONE:** Single Parent Dual Parent Caretaker

The following information is for statistical purposes only and will not be shared:

Total number of people in household: _____**INCOME:** under \$15,000 \$15,001-\$24,999 \$25,000-\$39,999 \$40,000-\$59,999 over \$60,000**NOTE:** Registration in the High Hopes Program allows CASTLE, Children's Services Council of St. Lucie County/Okeechobee County and Children's Services Advisory Council of Indian River County to use your child's information in data collection for program assessment. CASTLE may photograph your child for promotional purposes only and will never use names. **\$25 fee** includes the student workbook, parent handbook, and activity fees.**Parent Signature (REQUIRED):**I, the parent or guardian of the above mentioned child(ren), confirm that I have read the **Client's Rights on the back of this form** and I hereby request that my child be enrolled in the High Hopes Program.

Parent/Guardian Signature _____

Date _____

CASTLE OFFICE USE ONLY		Facilitator Name: _____
START DATE: _____	Class Day: M T W Th F	Payment Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> M.O.
END DATE: _____	Class Time: _____ a.m. / p.m.	Date Received: _____ <input type="checkbox"/> Check# _____
School Year: _____	Session: fall winter spring summer	Client ID: _____ Date in ETO: _____