



High Hopes for Kids

REGISTRATION FORM

SCHOOL NAME: _____

COUNSELOR

NAME: _____

Return completed form (with \$25 fee*)
to student's homeroom teacher.

COUNTY

☒ Saint Lucie
☐ Indian River
☐ Martin
☐ Okeechobee

*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 | _____ | _____ | _____ | M F | _____ | _____ |
| | FIRST & LAST NAME | DATE OF BIRTH | AGE | Circle Gender | TEACHER | GRADE |
| | ETHNICITY/RACE: ____ Black ____ White ____ Hispanic ____ Haitian ____ Native American ____ Other | | | | | |

| | | | | | | |
|---|--|---------------|-------|---------------|---------|-------|
| 2 | _____ | _____ | _____ | M F | _____ | _____ |
| | FIRST & LAST NAME | DATE OF BIRTH | AGE | Circle Gender | TEACHER | GRADE |
| | ETHNICITY/RACE: ____ Black ____ White ____ Hispanic ____ Haitian ____ Native American ____ Other | | | | | |

| | | | | | | |
|---|--|---------------|-------|---------------|---------|-------|
| 3 | _____ | _____ | _____ | M F | _____ | _____ |
| | FIRST & LAST NAME | DATE OF BIRTH | AGE | Circle Gender | TEACHER | GRADE |
| | ETHNICITY/RACE: ____ Black ____ White ____ Hispanic ____ Haitian ____ Native American ____ Other | | | | | |

PARENT/GUARDIAN INFORMATION

NAME: _____

Does your child receive reduced-price or
free lunches?NO YES
☐ ☐

TEL. #: _____

Is any immediate family member active
in the military or a veteran?NO YES
☐ ☐

ADDRESS: _____

Have any of your children previously
completed High Hopes?NO 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: \$ _____

☐ Cash ☐ M.O.

END DATE: _____

Class Time: _____ a.m. / p.m.

Date Received: _____

☐ Check# _____

School Year: _____

Session: fall winter spring summer

Client ID: _____

Date in ETO: _____