

Children 1st Class Registration Form

Please complete this form and return to Harmony At Home, **ONE WEEK PRIOR** to the first class.

Date: _____

Class Location: Carmel Office Salinas Office

STUDENT INFORMATION: (Please use full legal name, no nicknames)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Cell Phone #:** _____

E-mail Address: _____

Employer Name: _____

Work Phone #: _____

Please tell us how you heard about us: _____

Referred by: _____

Name of the other Parent: _____

Name and Ages of Children:

Do you have a history of domestic violence? _____

Have you ever been convicted of a felony? _____
If yes, please explain: _____

Is there gang affiliation history? _____
If yes, please explain: _____

Signature: _____ **Date:** _____

Harmony At Home Children 1st Class - Registration Form

Name of Student: _____

Age Group

Children/Youth (0-15)	
TAY (16-25)	
Adults (26-59)	
Older Adults (60+)	
Decline to answer	

Ethnicity

Hispanic or Latino as follows:	
Caribbean	
Central America	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other	
Decline to answer	

Non-Hispanic or Non-Latino as follows:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
Decline to answer	

More than one ethnicity	
Decline to answer	

Race

American Indian or Alaska Native	
Asian	
Black of African American	
Native Hawaiian or other Pacific Islander	
White	
Other	
More than one race	
Decline to answer	

Primary Language

English	
Spanish	
Other	

Sexual Orientation

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Transgender	
Questioning or unsure	
Queer	
Another sexual orientation	
Decline to answer	

Gender

Assigned sex at birth as follows:	
Male	
Female	
Decline to answer	

Current Gender Identity

Male	
Female	
Transgender	
Genderqueer	
Questioning or unsure	
Another gender identity	
Decline to answer	

Veteran Status

Yes	
No	
Decline to answer	

Disability

Communication Domain as follows:	
Difficulty seeing	
Difficulty hearing, or having speech understood	
Other	

Mental (excl: Mental illness, incl: learning, developmental, dementia...)	
Physical/mobility	
Chronic health condition (incl: chronic pain)	
Other	

No disability	
Decline to answer	

Service Area

Salinas	
North County	
Peninsula	
South County	