

# Children 1<sup>st</sup> Class Registration Form

Please complete this form and return to Harmony At Home prior to the first class along with the Split Film confirmation email/receipt. Payment in full is required before the first class is scheduled. Each parent must complete a separate registration form.

**Date:** \_\_\_\_\_ **Class Location:** Carmel Office \_\_\_\_ Salinas Office \_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

Please tell us how you heard about us: \_\_\_\_\_

Is this class court ordered? \_\_\_\_\_

Name of the other Parent: \_\_\_\_\_

Name and Ages of Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check one of the statements below:**

I have sole legal custody of the child(ren) and grant authorization for my child(ren) to attend the Children 1<sup>st</sup> Class (please provide sole legal custody documentation)

I have joint legal custody of the child(ren) and written consent will be provided from the other Parent granting authorization for my child(ren) to attend the Children 1<sup>st</sup> Class.

Do you have a history of domestic violence? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Is there gang affiliation history? \_\_\_\_\_

If you replied yes to any of the questions above, 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

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

<b>Non-Hispanic or Non-Latino as follows:</b>	
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

<b>Assigned sex at birth as follows:</b>	
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

<b>Communication Domain as follows:</b>	
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	