# The Institute For Family Enrichment

## Nurturing the Families of Hawaii

### INTAKE/REGISTRATION FORM

**FAMILY INFORMATION**

| 1. Mother's Last Name, First Name | 2. Father's Last Name, First Name | 3. Other Adult Last Name, First Name |
|---|---|---|
| 4. Address | 5. Zip Code | 6. Phone # |
| 7. Emergency Contact | 8. Relationship to Child | 9. Emergency Phone # |

10. Family Composition

☐ Intact two parents ☐ Single Parent - M/F ☐ Divorced ☐ Extended Family ☐ Other

| 11. Child(ren)'s First and Last Name(s) | Birthdate | Age | Male | Female |
|---|---|---|---|---|
| _____ | _____ | _____ | ☐ | ☐ |
| _____ | _____ | _____ | ☐ | ☐ |
| _____ | _____ | _____ | ☐ | ☐ |
| _____ | _____ | _____ | ☐ | ☐ |
| _____ | _____ | _____ | ☐ | ☐ |

12. ☐ Accepted ☐ Deferred ☐ Referred to:_____

13. Ethnicity: **Check one only.**

☐ Afro/American ☐ Filipino ☐ Hispanic ☐ Pacific Islander ☐ Other_____
☐ Caucasian ☐ Hawaiian/Pt ☐ Japanese ☐ Native American
☐ Chinese ☐ Southeast Asian ☐ Korean ☐ Samoan

14. Annual Family Income

☐ Under $10,000 ☐ $10,000 - $20,000 ☐ $20,000 - $30,000 ☐ $30,000 - 40,000 ☐ Over $40,000

15. Are you currently involved with CPS? ☐ No ☐ Yes

16. Are you involved with any other TIFFE services? Please explain:_____

_____

17. What is one thing you would like to learn from this class?_____

_____

_____

**Please fax or mail form to:** The Institute For Family Enrichment
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