



Out-of-School Time Data Collection Form

Agency Name _____ Enrollment Date: _____

Youth Information

First Name: _____ Last Name: _____ MI: _____

SSN: _____ Male Female DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Household Members: _____

Primary Caregiver's Relationship to the Youth: _____

Secondary Caregiver's Relationship to the Youth: _____

School District: _____ or Private/Charter School

School Name: _____

Last Grade Completed: _____ Ethnicity: _____ Language: _____

English Language Learner Status Foster Care IEP 504 School ID No. _____

Primary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: < 10K 10K -15K 15K-24K 25K-35K 35K-50K 50K-75K 75K-100K > 100K

Household Members: _____

Male Female DOB: _____ Ethnicity: _____ Language: _____

Home Phone: _____ Cell Phone: _____

Employed Unemployed Disability _____ Pursuing GED

Email: _____

Secondary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: _____ Household Members: _____

Home Phone: _____ Cell Phone: _____

Male Female DOB: _____ Ethnicity: _____ Language: _____

Employed Unemployed Disability _____ Pursuing GED

Email: _____