

New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2023 - 2024

Club/Unit Name: _____

Child's First Name Middle Initial Last Name Suffix (Ex: Jr.)

Child's Home Address City State Zip

Home Telephone Number Parent's Email Address

_____ Date of Birth _____ Current Age Gender (Please check one): _____ Male _____ Female _____ Other

Are you interested in receiving email messages/alerts/updates? _____ Yes _____ No

Race _____ African American _____ Asian _____ American Indian/Alaskan
 _____ Caucasian _____ Native Hawaiian/Pacific Island
 _____ Multi-Racial _____ Other, please specify: _____

Ethnicity (Please check one): _____ Hispanic/Latino _____ Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(please check one): _____ Mother Only _____ Aunt/Uncle _____ Guardian
(do not include _____ Father Only _____ Grandparents
Siblings) _____ Other, please specify: _____

Education Information:

Child's Grade on July 1, 2023 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st Century Scholars? _____ Yes _____ No
Does your child struggle or have problems in Reading/English? _____ Yes _____ No
Does your child struggle or have problems in Math? _____ Yes _____ No
Is your child enrolled in Special Education? _____ Yes _____ No

Has your child been diagnosed with any of the following:
_____ Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)
_____ Learning Disability _____ Other Disabilities, please specify: _____

Do you have any current concerns regarding your child (behavior, education, social, etc.)? Explain: _____

