



- Male    Female    Transgender Male    Transgender Female    Genderqueer/gender-nonconforming  
 Different Identity    Prefer not to say

**Primary language spoken at home:**

- English    Spanish    Russian    Cantonese    Hmong    Mandarin    Korean    Vietnamese    Arabic  
 Not Listed: \_\_\_\_\_

**Racial and Ethnic Identity:**

Please share your origin, ethnicity, ancestry, country or origin, race, and/or Tribal affiliations in whatever way you wish.

What is your race/origin? Please select all that apply:

- Asian:                     Chinese             Vietnamese         Korean                 Hmong    Laotian  
                                   Asian Indian     Japanese             South Asian         Filipino/a  
                                   Asian – Not Listed \_\_\_\_\_
- Latino/Hispanic:     Mexican             Central American     South American                                     Caribbean  
                                   Latino/Hispanic – Not Listed \_\_\_\_\_
- Native Hawaiian/  
 Pacific Islander:     Native Hawaiian             Guamanian or Chamorro             Samoan  
                                   Native Hawaiian/Pacific Islander – Not Listed \_\_\_\_\_
- Black:                     African American             African                 Caribbean  
                                   Black – Not Listed \_\_\_\_\_
- Indigenous:             American Indian             Alaska Native     Canadian Inuit, Metis or First Nation  
                                   Indigenous Mexican, Central American, or South American
- Slavic  
 Middle Eastern  
 North African  
 White:                     Western European             Eastern European             White – Not Listed \_\_\_\_\_
- Unknown  
 Decline to answer

**Are you enrolled in a tribe?**         No     Yes

If yes, tribe in which you are

enrolled \_\_\_\_\_

With which tribes do you identify? \_\_\_\_\_

I am NA/AN but do not know my tribe

Additional Tribal Affiliations (please list):

**Due to the way some funders ask for information about race and ethnicity, MFS is not always able to share identity information in as much depth as we would like. In these cases, we're forced to choose only one option for race/ethnicity. Given that constraint, if you had to choose one race/ethnicity you identify most strongly with, which would it be?**

- African    Asian    Black or African American    Latino/Hispanic    Middle Eastern  
 Native American or Alaska Native    Native Hawaiian or Pacific Islander    Slavic    White  
 Not Listed: \_\_\_\_\_     Decline to Answer

**SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:**

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from

indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse (if any) and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

**Parent/Guardian Name**  
(please print): \_\_\_\_\_

➡ **Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our SUN Community School is a collaboration of the school, Metropolitan Family Service and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success.

*Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.*

**YES**, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

➡ X \_\_\_\_\_  
Parent/Legal Guardian Date

*This permission is effective from 7/1/2016 until 8/31/2017 unless cancelled in writing.*

Date: \_\_\_\_\_

### Community Resource Survey

**Please note:** By sharing your information, you will help MFS better understand the resources needed in our community. Completing this form is not necessary to participate in our programs. However, your voice is important and we respect your family's privacy. We will not share your personal information with anyone without your permission. We appreciate your time and support.



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Parent/Guardian First Name ( )	Parent/Guardian Last Name	Date of Birth
Phone		Email Address

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Address Apt # City State Zip Code County

**Housing Status:**  Rent  Home Owner  Living with Friends/Family (Long Term)  Houseless  
 Living with Friends/Family (Temporary)  Living in a Shelter  Not listed: \_\_\_\_\_

**How long have you lived at this address?**  Less than 1 month  1-3 months  4-6 months  6-12 months  1-2 years  
 3-4 years  5-6 years  7-10 years  10+ years

**Number of People in Your Household:** Age(s) 0-5: \_\_\_\_\_ 6-17: \_\_\_\_\_ Over 18: \_\_\_\_\_ Total # of People = \_\_\_\_\_

**Household Composition:**  Single person  Two or more adults, no children  Two parents with children  
 Foster Family  Kinship Family  Grandparents raising grandchildren  Single parent with children  Other: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_ Would you like an interpreter?  Yes  No  
In what language do you want us to speak to you? \_\_\_\_\_ write to you? \_\_\_\_\_

**Highest Education Level Achieved:**  Some Schooling  Up to Grade 8  Some High School  
 High School Diploma/GED  Vocational Training  Some Community College  Community College Graduate   
Some Four Year College  University/ College Graduate  Some Post-Secondary  Post Secondary Graduate

**Employment Status:**  Employed: Full time  Employed: Part time  Under-employed  Unemployed: Seeking  
 Unemployed: Not Seeking  Retired: No Longer Working  Not Able to Work  Youth Not Eligible to Work

**Do you have health insurance?:**  Yes  No  
If yes, is your insurance:  Private  OHP  Other: \_\_\_\_\_  
Do you have a healthcare provider?  Yes  No

**Please help MFS identify the needs in our community:**

Do you receive public assistance? *Check all that apply*  
 SNAP  TANF  WIC  Social Security/Disability  Other: \_\_\_\_\_

Please Estimate Your Household Income In One Of The Following Ways:  
 Yearly Income: \$ \_\_\_\_\_  Monthly Income: \$ \_\_\_\_\_  Weekly Income: \$ \_\_\_\_\_  Seasonal Income: \$ \_\_\_\_\_

Did you get your taxes filed for free?  Yes  No Do you access the earned income tax credit?  Yes  No  
Do you have a bank account?  Yes  No Do you save regularly?  Yes  No  
Do you have financial education needs?  Yes  No

Is anyone in your household coping with a chronic health or social condition? Choose all that apply  
 Depression  Anxiety  Addiction  Asthma  Diabetes  COPD  Dementia  
 Isolation  Other health condition: \_\_\_\_\_  Decline to Answer