



Mount Ararat Community Activity Center

Professional Development Academy

Student Profile

Keeping Families and Participants information secure is a top priority for all of us at Mt. Ararat Community Activity Center. It is our responsibility to protect the personal information we collect about our Families and Participants. Violating this policy may result in immediate termination of employment or services.

Date	First and Last Name	Birth Date	Gender	Race	Social #
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School Info	
School Name	
Current School Year	Current Grade
Are you enrolled in this grade as scheduled? <input type="checkbox"/> Promoted from previous grade <input type="checkbox"/> Repeating this grade	

Additional Info	
Referral Source <i>(select one only)</i> <input type="checkbox"/> Recruited <input type="checkbox"/> Teacher <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Social Worker <input type="checkbox"/> Self Referral <input type="checkbox"/> Other, who? _____	
Has this child been involved in a prior career readiness program? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Where</i> _____	

Parent Info			
Parent / Guardian's First and Last Name		Address • Apt # • City • State • Zip Code	
Work/Home #	Cell #	Birth Date	
SSN#		Email Address	
Would you be willing to volunteer as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Structure <input type="checkbox"/> Group Home <input type="checkbox"/> Guardian <input type="checkbox"/> Kinship Care <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent		Household Head Education <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> 2 or 4 year College Grad <input type="checkbox"/> Advanced Degree	

Emergency Contact Info <i>(if this is a two parent household please put the spouse's info here)</i>				
First and Last Name	Relationship	Home #	Work #	Cell #
First and Last Name	Relationship	Home #	Work #	Cell #

Student Goals <i>(check all that apply)</i>
<input type="checkbox"/> Attending College <input type="checkbox"/> Trade School: _____ <input type="checkbox"/> Armed Forces <input type="checkbox"/> Business: _____ <input type="checkbox"/> Undecided <input type="checkbox"/> Other _____

Student's Hobbies / Interests <i>(check all that apply)</i>		
	Playing	Watching
<input type="checkbox"/> Arts / Crafts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer / Video Games	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listening To Music	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Movies / Watching TV	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Making Music	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Student's Challenges <i>(check all that apply)</i>
<input type="checkbox"/> Anger Management <input type="checkbox"/> Behavior <input type="checkbox"/> School Attendance <input type="checkbox"/> School Grades <input type="checkbox"/> Substance Abuse

What school activity(s) do you participate in? *None* _____

When do these activities occur. Please list Dates and Times?
 None _____