



The following questions are about **YOUR CHILDREN** who **ARE ATTENDING** this program.

**CHILD #1**

1. Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      2. First letter of **child's last name**: \_\_\_\_\_
3. Gender:    <sub>1</sub> Female    <sub>0</sub> Male      4. Age: \_\_\_\_\_ years
5. Ethnicity:      <sub>1</sub> African American/Black      <sub>2</sub> Asian/Pacific Islander  
                         <sub>3</sub> Caucasian/White      <sub>4</sub> Hispanic/Latino/Chicano  
                         <sub>5</sub> Middle Eastern      <sub>6</sub> Native American/Indian  
                         <sub>7</sub> Other (Please Specify) \_\_\_\_\_
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**CHILD #2**

1. Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      2. First letter of **child's last name**: \_\_\_\_\_
3. Gender:    <sub>1</sub> Female    <sub>0</sub> Male      4. Age: \_\_\_\_\_ years
5. Ethnicity:      <sub>1</sub> African American/Black      <sub>2</sub> Asian/Pacific Islander  
                         <sub>3</sub> Caucasian/White      <sub>4</sub> Hispanic/Latino/Chicano  
                         <sub>5</sub> Middle Eastern      <sub>6</sub> Native American/Indian  
                         <sub>7</sub> Other (Please Specify) \_\_\_\_\_
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**CHILD #3**

1. Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      2. First letter of **child's last name**: \_\_\_\_\_
3. Gender:    <sub>1</sub> Female    <sub>0</sub> Male      4. Age: \_\_\_\_\_ years
5. Ethnicity:      <sub>1</sub> African American/Black      <sub>2</sub> Asian/Pacific Islander  
                         <sub>3</sub> Caucasian/White      <sub>4</sub> Hispanic/Latino/Chicano  
                         <sub>5</sub> Middle Eastern      <sub>6</sub> Native American/Indian  
                         <sub>7</sub> Other (Please Specify) \_\_\_\_\_

*If you have additional children attending the Strengthening Families Program, please ask the facilitator for an additional form.*

