**Participant Registration Form [Example]**

|  |  |
| --- | --- |
| [Organization] ID No.Same # as ID Photo | Ex. AF1 0001 |
|  |  |  |  |
| Registration Date | **dd.mm.yyyy**  Use first date they ever participated in our programs  |
| Program circle all that apply | **Outreach | Skateboarding | Art Classes** |
| Partner orOutreach location if applicable |  | ClassGroup Name  |  |
| Family Name |  | Given Name |  |
| Gender |  **Male | Female** | Birth Date | **dd/mm/yyyy** |
| Emergency Contact Name |  | EmergencyContact No. |  |
| Nationality Country of birth |  |
| Ethnicity  | **1.** | Language | **1.** |
|  | **2.**  |  | **2.**  |
| In School circle one | **Yes | No** | Highest Grade Achieved |  |
| What sports do you play? | List only sports they played before starting our program |
| Disability circle one | **None | Mental | Physical | Both |**  | **Internally Displaced?** | **Yes | No** |
| Health Comments |  |
| Location of Workcircle one | * **Helping family business at home**
* **Working outside – business or shop**
* **Working outside – informally**

 **(selling, recycling)*** **Work experience placement**
* **Not working**
 | Family Income Levelcircle one | **Low | Lower Middle |**  **Middle | High** |
| Job of father or guardian |  | Job of mother or guardian |  |
| Media permission?  | **Yes | No | Unsure** |
| General comments | Ie. Number of siblings also attending programs, other comments |
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