

The Harlem Children's Zone, Inc.
Promise Academy I and HCZ West Side Community Center Programs
245 West 129th Street New York, NY 10027
Phone (64-582-1200)
Adult Intake (23 & Older)

Participant Information:

First Name: _____ Last Name: _____ DOB: _____ Gender: M F
Address: _____ Apt: _____ City: _____ Zip Code: _____ Ethnicity: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Age: _____

Signature: _____

Emergency Contact information:

Emergency Contact Name _____ Relationship to student: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information: What health insurance does the child have?

- ☐ Medicaid
- ☐ Private Health Insurance Carrier: _____
- ☐ None

Household Income

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Less than(menos de)\$10,000 | <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$45,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$60,000 to \$74,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$40,000 to \$44,999 | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$200,000 or more (mas de) |