



**California Community Colleges  
Foster and Kinship Care Education Program**



**Participant Registration Form**

<b>Legal Last Name:</b>	<b>Legal First Name:</b>	<b>Middle Name:</b>	<b>Nickname</b>
<b>Last 4 Numbers of SSN:</b>	— — — —	<b>Foster Parent Since:</b>	

<b>Address:</b> Hm ( ) Wk ( )			
<b>City:</b>	<b>County of Residence:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b>	( )	<b>Message Number:</b>	( )
<b>Email Address:</b>		<b>Fax Number:</b>	( )

<b>Age Classification:</b>	<i>Check One</i>	<b>Participant Category:</b>	<i>Check One</i>	<b>Education:</b> <i>(Please circle education level completed)</i>	<b>Ethnicity:</b> <i>(Please circle)</i>
Adult		Foster Parent/ Adoptive Parent		JH Junior High	Asian
Emancipated Youth (18-21)		Prospective Foster/ Adoptive Parent		HS High School Graduate or GED	African-American
Youth (under 18)		Relative/ Kinship Caregiver		CC Some Community College	Filipino
		Non-Relative Extended Family Member		AA Associate of Arts Degree	Hispanic
<b>Gender:</b>		Other Professional Who Works with Children		BA/BS Bachelor's Degree	American Indian/Alaskan Native
Male		County Probation Staff		UNV Some 4 Year University/College	Other Non-White
Female		County Social Services Staff		MA/MS Masters Degree	Pacific Islander
		Group Home Staff		Ph.D. Doctorate	White
		Foster Youth			Unknown
		Other			Decline to State
<b>Primary Language:</b>				<b>Secondary Language:</b>	

**Signature**

**Date**

**Release Statement**

*This statistical information will be used to keep accurate records of the services provided by the community college Foster and Kinship Care Education Program. This information will assist the college in keeping accurate records of the classes that you take. It will also help the college to keep you informed of upcoming classes and events within the FKCE program at your local community college. Your name, address, phone number and partial social security number will remain confidential. Statistical numbers (demographics - i.e., gender, ethnicity, and education – not names) may be reported to funding agencies. No unauthorized person will have access to your information.*

**Definition of Participant Categories**

<b>Foster/Adoptive Parent</b>	A foster parent caring for a foster child or youth or an individual who has adopted a foster child.
<b>Prospective Foster/ Adoptive Parent</b>	Individuals interested in becoming a foster and/or adoptive parent for a foster child.
<b>Relative/Kinship Caregiver</b>	Relative/family member caring for a foster child or youth.
<b>Non-Relative Extended Family Member</b>	An adult caregiver (for example, family friend, neighbor, teacher, clergy...) who has an established familial or mentoring relationship with the foster child or youth in their care.
<b>County Social Services Staff</b>	A person who works for the County Social Services Department, such as a social worker, child protective services, etc.
<b>County Probation Staff</b>	A person who works for the County Probation Department, like a probation officer, etc.
<b>Other Professional Who Works With Children</b>	An individual who works with, or has contact with, foster children or youth, such as educators, counselors, CASA workers, or public health nurses, etc.
<b>Group Home Staff</b>	A person who works in a group home with foster children or youth.
<b>Foster Youth</b>	A foster child or youth.
<b>Other</b>	Any other individual who does not identify with the participant categories listed above.