

CUSD Learning Link Registration Form 2023-24 School Year



Parent Information						
Mother's Name:		Father's Name:				
Phone #		Phone #				
Email:		Email:				
Marital Status: Fami						
Address:		Zip				
Primary Language of Child:		Primary Language of Parent(s):				
□English □Spanish □Cantonese □Korean		□English □Spanish □Cantonese □Korean				
□Mandarin □Vietnamese □Other	I	□Mandarin □Vietnamese □Other				
Race/Ethnicity of Child: Alaska Native/American Indian Asian Black/African American Hispanic/Latino Native Hawaiian or Pacific Islander White Other		Race/Ethnicity of Parent(s): □ Alaska Native/American Indian □ Asian □ Black/African American □ Hispanic/Latino □ Native Hawaiian or Pacific Islander □ White □ Other				
Check the following living situations that apply to the student:			Which session/days are you interested in? Please choose			
□ Living in own home, rented home, or apartment (one fan □ Living in a shelter □ Living in a hotel or motel □ Living in a campground, park or car □ Awaiting foster care placement □ Sharing a home/apartment or renting a room with other to economic hardship □ Living in other circumstances (Please explain)		□Hi □Sa	from the following: Hidden Hills San Juan B:00-10:30 Hidden Hills San Juan			
Child Information: Please list the	e following information i	regarding y	your child(ren):			
First Name/Nickname	Last Name		M/F	Age	Date of Birth	
Child:						
Child:						
Child:						
Name of child care and/or preschool Has your child ever been seen for spe If yes, is he/she receiving services? (p Are there any medical concerns that of Do you have any concerns with your If yes, please specify:	ocial needs and/or concer please specify) our staff should be made	erns (e.g. Sp	Peech, OT, PT, etc	f yes, please	No specify:	
How did you hear about the Learning	; Link?					
Parent/Guardian Signature	Parent/Guardian Signature Date					



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Family Interest/Needs Survey				
Personal or family Goal that our Program can Assist with:				
I would like information on the following:				
□ Adult Education □ Basic Skills □ Vocational Training □ GED □ College Courses □ Domestic Violence/Victim/Adult Abuse □ Child Abuse Prevention & Treatment □ Child Education □ Counseling/Mental Health/Emotions □ Counseling/Mental Health/Emotions				
Dental Care (free & low cost) Drug/Alcohol/Tobacco/Addictions Emergency Assistance Food Clothing Utility				
□Family Planning/Pregnancy □Health Care/Medical □Housing □Libraries □Nutritional Concerns □English Language Programs □Parenting Resources □Self-Help/Support Groups □Youth Anti-Gang Resources				
□Youth/Recreation/Activities □N/A				