

# Asian Youth Center's SATI Preparation/Writing & Math

100 West Clary Ave San Gabriel CA, 91776  
Phone: (626)309-0425 Ext: 115  
Fax: (626) 309-0362

Check One:

SAT I: \_\_\_\_\_

W/M: \_\_\_\_\_

## Intake Form

### Background Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Ethnicity: \_\_\_\_\_  Male  Female

Age: \_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country of Birth: \_\_\_\_\_ Years in the U.S. \_\_\_\_\_

Primary Language: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Single Parent Family  Two Parent Family  (other) Guardian's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Mother's Address (if different from above): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Father's Address (if different from above): \_\_\_\_\_

Family Income Level:  \$20,000 -- 30,000  \$30,000 -- 40,000  \$40,000 -- 45,000  \$45,000+

Number of family members including you: Total: \_\_\_\_\_ Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I agree to the follow all program rules (as listed on the next page). I fully understand that if rules are not followed, I will not be allowed to return to the Asian Youth Center again. I am also aware that Asian Youth Center reserves the right to and will verify the information listed above for safety issues and understand that my information may be released for record purposes. I will allow Asian Youth Center to keep a copy of my ID card. I also grant permission for any footage or pictures taken of me to be used by Asian Youth Center.

\_\_\_\_\_  
Student Date

I, the parent or legal guardian of \_\_\_\_\_, do hereby authorize my child to attend and participate at the Asian Youth Center. I hereby authorize Asian Youth Center employees/volunteers to supervise youth *only within* the Asian Youth Center and are not responsible for youth who leaves the building. I also hereby waive all claims against the Asian Youth Center, its TLCC program, and their employees of any accidents, injuries, and/or wounds sustained by my child during their time at the Asian Youth Center. I also grant permission for any footage or pictures taken of my child and used by the Asian Youth Center.

\_\_\_\_\_  
Parent Signature Date