



Southern Coachella Valley Communities Services District
91260 Avenue 66
Mecca, Ca 92254
(760) 396-1014

Today's Date: _____
(Fecha De Hoy)

OFFICE USE:
CANDIDATE NUMBER _____

Candidate First Name:
(Nombre Del Candidato)

Middle:
(Medio Nombre)

Last Name:
(Apellido)

Address:
(Direccion Residencial)

City:
(Ciudad)

State: **Zip:**
(Estado) (Codigo Postal)

(____) _____
Primary Phone Number:
(Primer Numero De Telefono)

(____) _____
Secondary Phone Number:
(Segundo Numero De Telefono)

Date of Birth:
(Fecha De Nacimiento)

Male: **Female:**
(Masculino) (Femenino)

Height: **Weight:**
(Altura) (Peso)

Color Hair:
(Color De Pelo)

Color Eyes:
(Color De Ojos)

Ethnicity:
(Etnicidad)

Name of School:
(Nombre De Escuela)

Shirt size (talla de camiseta): S M L XL 2XL

Shorts size (talla de pantalones cortos): S M L XL 2XL

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Primary Parent/ Guardian Information: Name(s) of Person(s) With Whom the Candidate is Living
(Informacion Del Padre/Tutor Primario: Nombre(s) de Persona(s) Con los que vive el Candidato)

(M) _____
Parent/Guardian Last Name: **Parent/Guardian First name:** **Relationship**
(Apellido del Madre/Tutor) (Nombre del Madre/Tutor) (Relacion)

(F/P) _____
Parent/Guardian Last Name: **Parent/Guardian First name:** **Relationship**
(Apellido del Padre/Tutor) (Nombre del Padre/Tutor) (Relacion)

Address if different from Candidate's:
(Direccion Residencial si diferente a la del Candidato)

() _____ () _____
Primary Phone Number (If different from Candidate) **Work Phone Number:**
(Primer Numero De Telefono) (Numero de Telefono de Empleo)

() _____
Cell Phone Number
(Telefono de Empleo)

Legal Information:

Is there a joint-custody or parenting plan in effect? ___ Yes ___ No
(Hay custodia dividida o plan de padres en efecto? Si o No)

Is there a restraining Order in effect? ___ Yes ___ No
(Hay una orden de restriccion en efecto? Si o No)

Restraining order against: ___ Father ___ Mother ___ Other
(Orden de restriccion en contra de: Padre, Madre, Otro)

**** Restraining orders must be filed with the local Police Department****
(Ordenes de restriccion deben estar archivadas con el Departamento de Policia Local)

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Legal Information Continued:

Do you authorize photographs or video to be taken of your child for media purposes? Yes No (Autoriza que su hijo/a sea fotografiado/a solo para razones de prensa?)

Medical Information: (Informacion medica)

Asthma (Asma) **Diabetes** (Diabetes) **Epilepsy** (Epilepsia)
 Hearing Aid (Usa lentes) **Turbeculosis** (Tuberculosis) **Chickenpox** (Viruela)

Other (Otro)

(Explain/Explique): _____

Does your child have any physical disabilities that would limit participation in the program?

(Tiene Su hijo/a una incapacidad fisica que le impedira o limitara participar en el programa?)

YES (Si) **No**

(Explain/Explique): _____

Are there any types of activities from which you want your child to be excluded from because of religious reasons?

(Hay algunas actividades que desea su hijo/a no participar por razones religiosas?)

YES (Si) **No**

(Explain/Explique): _____

Emergency Information:

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List three local persons (other than yourself) usually available during the day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

(Liste tres personas locales (aparte de usted) disponible durante el dia y que estan de acuerdo proveer cuidado y transportacion para su hijo/a si legga a enfermarse o lastimarse y si usted no es localizado/a. Intentaremos comunicarnos con los padres primero.)

Name of Contact Person #1
(Nombre de persona #1)

Relationship (Relacion)

Phone Number
(Numero de telefono)

Name of Contact Person #2
(Nombre de persona #1)

Relationship (Relacion)

Phone Number
(Numero de telefono)

Name of Contact Person #3
(Nombre de persona #1)

Relationship (Relacion)

Phone Number
(Numero de telefono)

Parent/Legal Guardian Signature: _____
(Firma del Padre/Tutor Legal)

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