Cultural Background Information

Name of Child Enrolled: _____

Age: _____ Male: _____ Female: _____

Tribal Affiliation (If Applicable) _____ County: _____

CHILD ENROLLED

Hobbies Include: _____

Interests Include: _____

CULTURAL ACTIVITIES

_____

_____

ACTIVITIES CURRENTLY ENROLLED IN

_____

_____

Tribal Traditions: _____

_____

Does the enrolled child's family have any "Cultural Experiences" to share?
NO _____ YES _____ Describe: _____

_____

_____

Does the enrolled Child's family have any interest in sitting on the "Cultural Advisory Committee"?
NO _____ YES _____ (IF YES ~ FILL OUT BOTTOM PORTION)

FAMILY NAME: _____

CONTACT NUMBER: ( ) _____DAY ( ) _____EVENING

ADDRESS: _____
Street City State Zip