CENTER FOR CHILDREN'S RIGHTS, LEGAL & SOCIAL PROTECTION & REFORM
CHILDREN'S PROGRAMME (CRLSPR)

Consent to Participate

Programme: **CRLSPR**

Date to commence Project: _____

Personal Information

Name (Primary Caregiver): _____

Address: _____

_____

_____

_____

Contact Number: ☐☐☐☐☐

Email: ☐☐☐☐☐

Individual Record

Social Security Number
Name Control
Tax Year
ID Number

Tax Year
1 Wages, tips, other compensation
2 Federal income tax withheld
3 Social security wages
4 Social security tax withheld
5 Medicare wages and tips
6 Medicare tax withheld
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a See instructions for box 12
12b
12c
12d
13 Statutory employee
Retirement plan
Third-party sick pay
14 Other
15 State
Employer state ID number
16 State wages, tips, etc.
17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Tax Year
1 Wages, tips, other compensation
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Section

Year/Class

Sex/Class

Parent/Guardian Name

Parent/Relationship

1. Father
2. Mother
3. Other Male Relative
4. Other Female Relative
5. Guardian
6. Foster Parent
7. Stepfather
8. Stepmother
9. Other Relative

Gender

1. Male
2. Female

Parent/Phone

1. Mobile Telephone
2. Home Telephone
3. Office Telephone
4. Other Telephone
5. Mobile Telephone and Home Telephone
6. Mobile Telephone and Office Telephone
7. Home Telephone and Office Telephone
8. Mobile Telephone and Home Telephone and Office Telephone

Mobile Number

Year/Class

Sex/Class

Parent/Guardian Name

Parent/Relationship

1. Father
2. Mother
3. Other Male Relative
4. Other Female Relative
5. Guardian
6. Foster Parent
7. Stepfather
8. Stepmother
9. Other Relative

Gender

1. Male
2. Female

Parent/Phone

1. Mobile Telephone
2. Home Telephone
3. Office Telephone
4. Other Telephone
5. Mobile Telephone and Home Telephone
6. Mobile Telephone and Office Telephone
7. Home Telephone and Office Telephone
8. Mobile Telephone and Home Telephone and Office Telephone

Mobile Number