



Mercado El Sol – Household Registration Form

Head of the Household

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Is one or more person in your household working? (circle one) Yes No

Street Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Language: _____

Who were you referred by? (check all that apply)

- Friend/Family
- Internet Search
- News/Outreach
- Other Food Pantry
- El Sol Science & Arts Academy

Are you enrolled in any of the following? (check all that apply)

- MediCal
- WIC
- CalFresh (food stamps)
- Other: _____

Ethnicity: (check all that apply)

- White
- Black/African American
- Hispanic/Latino
- American Indian/Native American
- Asian
- Alaska Native/Aleut/Eskimo
- Arab American
- Pacific Islander
- N/A
- Other
- Undisclosed



Household Information

Last Name	First Name	Date of Birth	Gender (M/F)	Relationship to the Head of the Household	Health Conditions or Food Allergies

What schools do your children attend?

Child's Name	School they attend:

Office use only

Entered by: _____ Date: _____

Please submit this to Kelly Mendoza in the Main Office or email to kmendoza@elsolacademy.org