

2010 CARE Project FOCUS Family Registration



Information provided is confidential:

Parent/Guardian Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work phone _____

Cell Phone/Pager _____

Email _____

Please answer yes or no to each:		
May we send mail to your address?	YES	NO
May we call your home?	YES	NO
May we leave messages on your home answering machine?	YES	NO
May we call your work?	YES	NO
May we leave messages at work?	YES	NO

<p>Please answer the following:</p> <p>How did you hear about our program?</p> <p>_____</p> <p>Have you participated in Project FOCUS before?</p> <p>_____</p>

Families Stresses:		
Has your family moved within the last year?	YES	NO
Has child experienced a death of family, friend, or pet?	YES	NO
Has there been a divorce/separation in the family?	YES	NO
Has there been a remarriage in the family?	YES	NO

Alcohol & Other Drug Use Concerns:		
Family member(s) who has/have an alcohol or other drug use concern:		
Name: _____	Relationship to child: _____	
Name: _____	Relationship to child: _____	
Is he/she in recovery?	YES	NO
Is he/she currently in treatment?	YES	NO
If in treatment, please describe where and for how long		

Parent/Guardian Registration:

A parent or guardian must participate in the Parent Education Group held at the same time as the Project FOCUS children's program:

If yes, please list names of adults attending:

Name: _____ Relationship to Children: _____

1. _____

2. _____

Youth Registration

Please fill out completely for each child you are registering. Information is confidential and helps CARE staff to better serve your child.

1.) Child's Name _____ **BirthDate** _____
School Attending _____ School District _____
Does your child have difficulty making/keeping friends? YES NO
Does your child have difficulty managing anger? YES NO
Does your child have trouble staying focused? YES NO
Has your child been diagnosed with any learning disabilities or
mental health issues? YES NO
Please list: _____
Is your child attending counseling/support groups? YES NO
List all medications your child is taking: _____
List all allergies (food and medication): _____
Tell us about a few of your child's strengths and positive qualities:

2.) Child's Name _____ **BirthDate** _____
School Attending _____ School District _____
Does your child have difficulty making/keeping friends? YES NO
Does your child have difficulty managing anger? YES NO
Does your child have trouble staying focused? YES NO
Has your child been diagnosed with any learning disabilities or
mental health issues? YES NO
Please list: _____
Is your child attending counseling/support groups? YES NO
List all medications your child is taking: _____
List all allergies (food and medication): _____

Tell us about a few of your child's strengths and positive
qualities: _____

3.) Child's Name _____ **BirthDate** _____
School Attending _____ School District _____
Does your child have difficulty making/keeping friends? YES NO
Does your child have difficulty managing anger? YES NO
Does your child have trouble staying focused? YES NO
Has your child been diagnosed with any learning disabilities or
mental health issues? YES NO
Please list: _____
Is your child attending counseling/support groups? YES NO
List all medications your child is taking: _____
List all allergies (food and medication): _____

Tell us about a few of your child's strengths and positive qualities:

Please answer yes or no for each:

May we take pictures of your child/children for staff use only?	YES	NO
May we take pictures for our web page on the internet?	YES	NO
If media visits (newspapers/T.V.), can pictures be taken of your child/children?	YES	NO

List persons who may be contacted to pick up children in case of emergency:

Name _____

Phone _____ Relationship to child _____

Name _____

Phone _____ Relationship to child _____

Parent or Guardian please sign:

I, _____, give permission for my child/children to participate in the CARE Project FOCUS Program. I understand the significance and importance of this program and I will take an active role in this experience and will support my child's understanding of the concepts and ideas it presents. I also understand that if the site director suspects that the person designated to pick up my child is under the influence or intoxicated, that an alternative ride home will be identified.

Please return this application as soon as possible to:

CARE
31900 Utica Road
Fraser, MI 48026
Fax: (586) 541-0034

Any questions contact Victoria Music at 586.218.5276

Remember: Project FOCUS meets at:

Christ United Methodist Church

34385 Garfield Road. Fraser, MI 48026

