

Project FOCUS
Families Overcoming Crisis and Understanding Strengths
Winter Support Program 2011-12



Please complete both sides of the registration form.

All information provided is strictly confidential.

Parent/Caregiver _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Email _____

May we send mail/email 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

How did you hear about our program? _____
 Has your child/children participated in the CARE Summer or Winter Program before? _____

Families Stresses:

How many times has your family moved? _____		
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 _____		
Is he/she in recovery?	YES	NO
Is he/she currently in treatment?	YES	NO
Name _____ Relationship to child _____		
Is he/she in recovery?	YES	NO
Is he/she currently in treatment?	YES	NO

Please list participants who will be attending the parent/caregiver educational support group component.

1. _____ Relationship _____
 2. _____ Relationship _____

Child's Name _____ **Age** _____
 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
 Are there 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: _____
 Who does the child live with? _____

Child's Name _____ **Age** _____

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

Are there 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: _____

Who does the child live with? _____

Child's Name _____ **Age** _____

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

Are there 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: _____

Who does the child live with? _____

List persons to contact in case of emergency:

Name _____

Phone _____ Relationship to child _____

Name _____

Phone _____ Relationship to child _____

List anyone who may be picking up your child/children other than yourself:

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 Winter Support 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 – Project Focus, 31900 Utica Road, Fraser, MI 48026.
Or fax: 586.541.0034 Attention: Emma.
Direct questions to CARE at 586.541.0033.