

CRIME PREVENTION WORKSHOPS**COMMUNITY SERVICE****DERRICK BROOKS CHARITIES YOUTH PROGRAMS REGISTRATION/INTAKE FORM**

Circle One: Are you a new participant Yes / No Do you have siblings participating in this program Yes / No
 How did you hear about us? Self Family Friend School Court/DJJ Media Referral/Other _____
 If applicable, do we need to update any information since your last intake (address, phone #, school, other _____?)

Participant's Information

Student's name _____ DOB: ___/___/___ Age ___ Sex: M / F
 Address _____ City _____ Zip _____
 Cell Phone _____ Other Contact Information _____
 Emergency Contact _____ Relationship _____
 Address _____ City _____ Zip _____
 School Attending _____ Grade Level _____ Student ID# _____
 Have you ever been expelled or suspended from school? Yes No If yes, please explain _____

 Have you ever been convicted of a crime? Yes No If yes, please explain _____

Family Information

Mother's Name _____ Cell Phone _____ Home Phone _____
 Address _____ City _____ Zip _____
 Father's Name _____ Cell Phone _____ Home Phone _____
 Address _____ City _____ Zip _____
 Legal Guardian's Name _____ Cell Phone _____ Home Phone _____
 Address _____ City _____ Zip _____

Program Information – circle which program(s) you are interested in attending?

Community Bridge Building Employability Skills Workshop Tutoring Sessions Human Trafficking Education
Anger Management Workshops Gang Resistance Education Employability Skills Parenting Education
Social Responsibility Sessions Community-based Youth Club Church/Community Activity Teen Summits

I have been informed of the requirements for the program(s) selected above and I am committed to comply.

Participant's Signature	Date
--------------------------------	-------------



Paid wholly or in part by the
State of Florida

Consent Information

PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ (child's name) to participate in the Derrick Brooks Charities' _____ program(s) and receive services. I understand that all information provided is private and strictly confidential and will only be released (except by court subpoena) with my consent.

Parent/Guardian Signature	Date
----------------------------------	-------------

PARENT/GUARDIAN PHOTO PERMISSION

I authorize the use of photographs or descriptions of me or my child in newspapers, publications, slide presentations, or displays designed to promote the services of the Agency. ___ Yes ___ No

Parent/Guardian Signature	Date
----------------------------------	-------------

PARENT/GUARDIAN AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize the Agency to release information, regarding participation by me or my child in Agency programs or activities. This information shall be released to my home, the Derrick Brooks Charities' funding source for the programs selected on page one of this intake form. The information may include my or my child's name, phone number, address, age, and the number and type of programs attended.

I _____, will not authorize the Derrick Brooks Charities' or the Derrick Brooks Charities' funding source for these programs, to release information without my express written consent. I may revoke this authorization to the Agency, at any time for any reason, by delivering a written notice to the Agency.

I understand that there are no consequences for my failure to authorize the release of the participation information described above.

Parent/Guardian Signature	Date
----------------------------------	-------------



Paid wholly or in part by the State of Florida