

Parent Project®

Fees: _____ Supplies: _____

Registration and Participant Information

Please complete form, printing clearly
 Cash/check (\$45) payable to SANTA CLARA COUNTY D.A. OFFICE

Name of Person(s) Attending Program: _____ Today's Date: _____

Referred By: School: _____ Law Enforcement Self
 Counselor: _____ Friend: _____ Family: _____
 Court: _____ Truancy Other: _____

PLEASE LIST ALL PEOPLE LIVING IN YOUR HOME, INCLUDING YOURSELF:

NAME	RELATIONSHIP	BIRTH DATE	AGE	M / F	ETHNICITY	SCHOOL / OCCUPATION	HIGHEST LEVEL OF EDUCATION COMPLETED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Ok to contact? (Y/N) _____ Best time to be reached: _____ a.m./p.m.
 Secondary Phone: _____ _____ a.m./p.m.
 Additional Phone: _____ _____ a.m./p.m.

Email: _____ Primary Language(s) Spoken in Home: _____

HELP US BETTER UNDERSTAND YOUR NEEDS, WHY ARE YOU TAKING THE CLASS?

OTHER SIGNIFICANT FAMILY MEMBERS NOT LIVING IN THE HOME (I.E. BIOLOGICAL PARENT)

NAME	RELATIONSHIP	AGE	RESIDENCE
1.			
2.			
3.			