



YUBA COUNTY OFFICE OF EDUCATION

PREVENTION PROGRAMS

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Parent Project Registration/Intake Form

Section 1: Referral Information

Is there a current release of information on file with your agency? YES NO

Date of Referral: _____

Name (person making referral): _____ Phone: _____

Email: _____ Agency: _____

Section 2: Family Demographics

Parent Name: _____

Parent Name: _____

Minor's Name: _____ Age: _____ DOB: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Message Phone: _____

Number of Children Living in Household: _____

Name of Child: _____ Age: _____ Name of Child: _____ Age: _____

Name of Child: _____ Age: _____ Name of Child: _____ Age: _____

Name of Child: _____ Age: _____ Name of Child: _____ Age: _____

Section 3: School Information

Minor's School: _____ Grade: _____

Current G.P.A: _____ Number of behavior referrals within the last 6 months: _____

Section 4: Workshop Preference

AM (10AM-1PM) PM (6PM-9PM) Childcare Needed (5-12 yr. old)

Positive Discipline 0-5 Loving Solutions 5-9 Parent Project 10-18

Prevention Staff Only:

Date Received: _____ Assigned to Workshop: _____