**CERTIFICATE OF REGISTRATION**

**For the**

**ALCOHOL AND OTHER DRUG AWARENESS PROGRAM**

**FOR ADOLESCENTS AND YOUNG ADULTS**

**The Youth Aid Panel of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requesting the following person to attend the Alcohol and Other Drug Awareness Program for Adolescents and Young Adults:**

Student's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

By signing on the reverse side, I give my consent to the Alcohol and Other Drug Awareness Program to obtain information from, release information to, and/or communicate with the Youth Aid Panel Repre­sentative listed below:

**YOUTH AID PANEL MEMBER**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO: YOUTH AID PANEL MEMBER**

Please add any comments you have and a **notification deadline** and send this completed form and a copy of the referred youth’s contract to Heidi Gordon, Alcohol and Other Drug Awareness Program Manager, at the above address. **Students are to call our office to register for classes**. When the student has registered for classes, it is their responsibility to call you with the class start-up information. Upon completion of the program, the student will be given a certificate that they should bring to you as proof that they have fulfilled their obligation to our program.

**DATE BY WHICH TO NOTIFY ME OF CLIENT’S REGISTRATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(DEADLINE DATE**)

**- OVER -**

I understand that information will be disclosed only for the purpose of client record keeping and case management information released will be limited to:

1. attendance record (d) compliance with program rules
2. attitude (e) presence in the program
3. facilitator recommendation/resources given to client

I understand that I have no obligation to disclose any information from my client record, and I understand that I may revoke this consent at any time by notifying the Alcohol and Other Drug Awareness Program Supervisor in writing; and/or specifying a date, time or event or condition upon which my consent will expire without revocation, which I may choose to do or not to do, except to the extent that action has been taken in reliance on the authorization. I have read or had this form read explained to me and I understand its contents. The above consent shall automatically expire (1) year from date signed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date Signed

**To be completed by The Council of Southeast Pennsylvania, Inc.**

Program series information is as follows:

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days and Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a make-up class is required, they are held following the completion of the program. There is an additional cost of $35 to the student and will delay completion until the class can be taken. THEY ARE ONLY SCHEDULED ONCE PAYMENT HAS BEEN RECEIVED.

Upon completion of the class, a certificate will be issued. It is the client’s responsibility to bring that to you at his/her recall meeting. If the client shall lose their certificate, there is an additional $15 fee to reprint a new one. If you have any questions, please contact our office at **(215) 230-8715**

Comments: