



PARTICIPANT APPLICATION

Child Full Name

Date of Birth:

DD/MM/YYYY

Ethnicity:

Mobile #

:

Address :

Caregiver/Guardian Full Name:

Mobile #

:

E-Mail :

List grade level in school:

Gender :

Male

Female

Name of School :

Trans

Non-bionary

Prefer not to say :

Why is your child interested in this program?

Does your child have and family or school related challenges that we should be aware of?

Does your child have reliable transportation for program attendance?

Yes

No

By signing below, you allow Kay Ray's World of Services & Community to contact you and your child regarding the program. You also agree to allow your child to participate in the program activities as well as have their photographs taken for marketing purposes.

Parent Signature: _____

Date : _____

DD/MM/YYYY

THANK YOU FOR APPLYING!

HISTORY OF VIOLENCE SURVEY

INSTRUCTIONS:

The following survey is a mandatory form from IDHS. Your contact information will be kept anonymous. Please fill this out to the best of your ability as it relates to your child's experiences.

1. Have you ever been the victim of Gun Violence? If "Yes" please explain: YES NO
2. Has a family member been the victim of Gun Violence? If "Yes" please explain: YES NO
3. Have you ever been convicted of a violent crime? If "Yes" please explain: YES NO
4. Have you ever been or are you currently on Probation/Parole? If "Yes" please explain: YES NO

Please select all of the areas you are interested in within our program:

1. Physical Health & Wellness, substance abuse prevention
2. Mental Health & Wellness, coping mechanisms, mindfulness
3. Anger Management, understanding triggers, coping strategies
4. Conflict resolution, alternatives to violence
5. Life Skills, Creativity & Self-Expression
6. Life Skills for the future, financial literacy, time management
7. Finding a career path, resume building, interview skills

Age: _____ Race/Ethnicity: _____ Name of neighborhood you live: _____