
POSITIVE YOUTH DEVELOPMENT HEALTH LEADERSHIP ENGAGEMENT

CARING ADULTS

EMPOWERMENT

GEORGIA

Personal Responsibility Education Program

ASSETS

ADULT PREPARATION

EVIDENCE-BASED CONNECTEDNESS COMMUNITY RELATIONSHIPS

**Division of Family & Children Services
Personal Responsibility Education Program
(PREP)**

(To be maintained on site for each participant)

Participant Registration Form

Georgia Division of Family and Children Services
Personal Responsibility Education Program (PREP)

PREP Registration Form

SECTION I: Parent/Guardian Information

Name of Person Completing Form: _____

Relationship to Youth: _____

SECTION II: Youth's Personal Information

A. Legal Last Name: _____

B. Legal First Name: _____

C. Legal Middle Name: _____

D. Date of Birth: ____/____/____
Month Day Year

E. Age _____

F. Male Female Other

G. Current Grade: _____

H. Address

House Number and Street: _____

P.O. Box or Apt. Number: _____

City: _____ State _____ Zip Code: _____

I. Home Phone Number

(____) ____ - _____

J. Alternate Phone Number:

(____) ____ - _____

K. Youth's Mobile Phone Number

(____) ____ - _____

L. Youth Email Address:

ADMINISTRATIVE USE ONLY

Contractor Name: _____

Site Name: _____

Cycle: _____

SECTION III: Youth's Demographic Information

A. Ethnicity

- Black/African American
- White
- Asian
- Other, specify _____
- Hawaiian Native/Pacific Islander
- Alaska Native/American Indian
- Hispanic/Latino

B. Does the youth fit into any of these categories?

- Yes No **Gay, Lesbian, Bisexual, Transgender, & Questioning (LGBTQ)**
- Yes No **Parenting Youth (Teen Parent)**
- Yes No **Pregnant Youth**

SECTION IV: Youth's Household Information

A. Participant Lives With:

- 2 Birthparents
- 1 Birthparent and 1 Step-parent
- 1 Birthparent and another adult
- 1 Birthparent only
- Grandparent(s)
- Other Parent Figure (foster parent, house parent, etc.)
- Adoptive Parent(s)
- Other _____

A. How many people are in your household _____

SECTION V: Permission

I, the undersigned, am the parent/guardian of the above specified minor. I hereby give my permission for the above minor to participate in all aspects of the Personal Responsibility Education Program (P.R.E.P.). I have read and fully understand the provisions of the aforementioned program and have explained them to the above minor. I understand that my child's participation is entirely voluntary and that I reserve the right to withdraw my consent at any time (without penalty). I, the undersigned, do also hereby authorize DHS/DFCS GA-PREP to use, reproduce, and/or publish photographs and/or video that may pertain to the above minor— including images, likeness and/or voice

_____ **My child has permission to participate in the Personal Responsibility Education Program**

_____ **My child does not have permission to participate in the Personal Responsibility Education Program**

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____