**DIVERT REGISTRATION AND REFERRAL FORM**

# PARTICIPANT INFORMATION (please type or print legibly.)

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Gender: 🞎 Female 🞎 Male Age: \_ Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_

**School:**

**Grade attended year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home address:**

**City: State/Province: Postal/Zip Code:**

**Country: Telephone: cell:**

**Parent email:**

**(Include area code with telephone)**

# Mother’s name: Father’s name:

# Mother’s day phone: Father’s day phone:

# Mother’s cell: Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Person’s Authorized to pick up child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide a copy of their ID)

# Other Dismissal Arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency contact\*: Relationship: Phone:

#

**Referral Source/ Agency:**

**Reason for referral (Please provide type of behavior) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Make the check payable to: **S&T Wecare Inc**

**Registration fee**: $250.00

**SIGNATURE OF PARENT OR GUARDIAN**  **DATE**

**Divert Youth Intervention Consent Form**

|  |  |
| --- | --- |
| Participant: Full Name: |  |
| Client Date of Birth: |  |
| Parent/Legal Guardian Name:  |  |

**Program Consent**

As parent or legal guardian of the juvenile named above, I give consent for my child to participate and I agree to participate as required in the Divert program and activities deemed appropriate for his or her needs. These activities may include, but are not limited to: life skill education classes, drug testing and referral sources. I understand that recommended programs and activities will be discussed and approved by me prior to my child’s participation.

**Liability/Hold Harmless**

In consideration for my child’s participation in the Divert program I waive any and all claims against S&T Wecare, and its employees that may be occasioned through his/her participation. I hereby release and hold harmless S&T Wecare, and its and employees should any suit or damages result from any activities or transportation provided to my child.

**Release/Exchange of Information**

As parent or legal guardian of the juvenile named above, I give consent for Divert to obtain and release/exchange information regarding my child’s involvement with the program. I agree to sign additional necessary releases as needed in order for my child to participate in this program.

I understand that I may revoke this authorization at any time by written request with the exception of information that has already been released.

**Signatures**

Parent/Legal guardian signature(s)

|  |  |
| --- | --- |
| Participant:  |  |
| Parent or legal guardian (s): |  |
| Parent or legal guardian (s): |  |
| Witness: (Mentor). |  |
| Date:  |  |