

# Cristo Rey Behavioral Health & Prevention Services

## Youth SURF Program

Dear Parent(s)/Caregivers/Grandparent(s):

We recommend that you enroll your youth in our Youth SURF Program (SURF = Substance Use Recovering Families). The Youth SURF Program offers education to help youth understand substance abuse and how to make healthy choices for themselves. The program can be completed in just 3 weeks and sessions focus on learning about the risk of using substances and developing life skills, in an entertaining way. The program starts with a Pizza dinner at 5:30 p.m. for the youth, and the program ends at 7:30 p.m. Youth completing all three weeks will receive \$10 in gift cards and a certificate.

Parent/Guardian/Caregiver Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

May we send information to your mailing address? Yes \_\_\_\_\_ No \_\_\_\_\_

May we leave messages at your home phone number? Yes \_\_\_\_\_ No \_\_\_\_\_

May we leave messages on your cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_

May we call you at your work phone number? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Widowed \_\_\_ Divorced

Name	Age	Grade	Male/ Female	Lives With?	Special Needs?

**The following information allows the program staff to work more effectively with your youth.**

**Please fill in the appropriate areas.**

Are or have any family member(s) abused alcohol and/or drugs:

In recovery? Yes \_\_\_ No \_\_\_ Comments:

In treatment? Yes \_\_\_ No \_\_\_ Comments:

Family member(s) who are in therapy \_\_\_\_\_

Comments: \_\_\_\_\_

Therapist name: \_\_\_\_\_

**\*\*\*\*\*Who may pick up your children? They must show I.D.\*\*\*\*\***

1) Name and Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

2) Name and Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

**\*My child has permission to leave services by:**

Above named person  Public Transportation  Walk home from service  Drive home from service

**\* All youth must leave the premises by 7:45pm or authorities will be notified. Cristo Rey Behavioral Health and Prevention Services will not be held responsible for these youth past 7:45pm.**

**Please list the names of two people who can be called in an emergency:**

Name and Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

Name and Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

**By signing this form I am giving consent to the above named youth to participate in the Youth SURF Program:**

\_\_\_\_\_  
(Signature of Caregiver)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your youth better while they are in our program.