

**Program Application**

**Name****Age****DOB**

**Address****City****State****Zip**

**Mother’s Name**

**Phone**

**2nd Phone**

**E-Mail**

**Father’s Name**

**Phone**

**2nd Phone**

**E-Mail**

**Guardians Name & Phone If Not Either Parent**

**Phone**

**Address** **City** **State****Zip**

**2nd Phone**

**E-Mail**

**Who Referred You** **Relation**

**School** **Grade**

**Teacher** **Phone**

**E-Mail**

**Doctor’s Name** **Phone**

**Address** **E-Mail**

**Other Interests & Activities**

Sport       League       Team

Coach       Phone       E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arts/Drama       Program

Teacher     Phone       E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instrumental       Program

Teacher       Phone      E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Martial Arts      Program

Instructor      Phone     E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Academic      Program

Teacher      Phone      E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other      Program

Practitioner      Phone     E-Mail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confidential Information**

**If your child receives help in the below areas please provide the following information:**

**Special Education Services please check:** **[ ]  YES** **[ ]  NO** **[ ]  PENDING**

School Social Worker      Phone

School      E-Mail

School Psychologist      Phone

School      E-Mail

**Mental Health Services:** **[ ] YES** **[ ] NO** **[ ] PENDING**

Therapist/Counselor      Phone

Agency      E-Mail

Psychologist      Phone

Agency      E-Mail

Psychiatrist      Phone

Agency      E-Mail

**Juvenile/Criminal Justice Services please circle:** **[ ] YES** **[ ] NO** **[ ]  PENDING**

Probation Officer      Phone

Agency      E-Mail

Parole Officer      Phone

Agency      E-Mail

Public Defender/Attorney      Phone

Court      E-Mail

**Department of Children & Families (DCF):** **[ ] YES** **[ ] NO** **[ ] PENDING**

Social Worker      Phone

Office      E-Mail

Supervisor      Phone

Office      E-Mail

**Mentor Services:** **[ ] YES** **[ ] NO** **[ ] PENDING**

Mentor     Phone

Agency     E-Mail

**Spiritual Services:** **[ ] YES** **[ ] NO** **[ ] PENDING**

Clergy     Phone

Church     E-Mail

**Other Supportive Services:**

Name      Phone

Entity      E-Mail

**Other Confidential Issues that pertain to your child’s well-being that COBA can help you with:**

**Would you like your child to benefit from the following COBA services if available?**

* **P.R.I.D.E Awards Program (for positive behavior)** **[ ] Yes** **[ ] No**
* **Mega Education (rewards for academic achievement)** **[ ] Yes** **[ ] No**
* **Mentor** **[ ] Yes** **[ ] No**
* **Academic Tutor** **[ ] Yes** **[ ] No**
* **Youth Franchise: Business/ Social Action Program** **[ ] Yes** **[ ] No**
* **Drug/Gang/Violence “Champions of Life” Prevention** **[ ] Yes** **[ ] No**
* **Recreational Activities** **[ ] Yes** **[ ] No**
* **Cultural/Educational Field Trips** **[ ] Yes** **[ ] No**
* **Youth Employment** **[ ] Yes** **[ ] No**

**Please list or tell us about some of your child’s Strengths**

**What do you & your child see them doing after High School?**

**What would you like your child to get out of their COBA experience:**

**By signing below you are attesting that you and your child have read & understand the COBA orientation booklet & parent /child program contract, that you both will do your utmost at all times to fulfill all of expectations with in and you as parent are granting permission for your child(ren) to fully participate in the program:**

**Parents Signiture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child/Youths Signiture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Individual Strengths Plan**

**(ISP)**

**Name - Age - Date**

**What subjects in school do you want to do well in?**

**What are your favorite sports to play and why?**

**Do you like participating in the arts: drama, singing, poetry, dancing, art, etc.?**

**What do you think you do well in life?**

**What are some things that you do that make you feel good about yourself?**

**Name what you think are some of your positive qualities?**

**What are some of the positive things you have heard people say about you?**

**What do you see yourself doing in life: job, married, college, armed forces, etc.?**

**Who do you look up to and why: athletes, leaders, family, performers, etc.?**

**What are your dreams for the future?**