



STRYDES PARTICIPANT REGISTRATION
(To be completed by the Parent/Guardian)

Adolescent Name: _____ Age: _____

Parent Name: _____ Age: _____

Relationship to Adolescent: Mother__ Father __ Other, specify_____

Ethnicity: White (non Hispanic) __ Hispanic__ African American __ Asian__

Other, specify_____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: _____

Please list all members of your household:

Name	Sex	Age	Relationship to STRYDES registrant

Has your child previously had contact with the Juvenile Justice System on any of the below contact points? (Check all that apply):

<input type="checkbox"/>	Arrest
<input type="checkbox"/>	Court
<input type="checkbox"/>	Diversion
<input type="checkbox"/>	Secure Detention
<input type="checkbox"/>	Delinquent Findings
<input type="checkbox"/>	Probation Placement

Please indicate the program(s) your child and/or you are interested in registering for:

<input type="checkbox"/>	Strengthening Families
<input type="checkbox"/>	Active Parenting of Teens
<input type="checkbox"/>	1,2,3,4 Parents!
<input type="checkbox"/>	Pathways to Independence
<input type="checkbox"/>	Keys to Innervisions

How did you hear about STRYDES?



25 West Main Street
Rockaway, NJ 07866
Ph: 973-625-1998
Fax: 973-625-8048
delizaire@mcpik.org