

“A” STREET INTERVENTION PROGRAMS

410 North A Street

Oxnard, CA 93030

805-701-1040

Fax 805-487-2255

JoEllen Stevens, Ph.D., Director

ENROLLMENT AND ATTENDANCE RECORD

Participant _____ Start Date: _____ Class Time: _____

Case No.: _____ Grp Fac: _____ Location _____

Date of Birth _____ Language spoken: _____

Participant address _____

Home Phone# _____ Cell Phone _____

Employer _____

Employer's address _____

Work phone _____

Sessions assigned _____

Sessions completed by other program _____

FEE \$ __20__

Emergency Contact Information:

Nearest relative name _____ Phone _____

Address _____

PROOF OF ENROLLMENT CARD

Please take this card with you when you go back to court. It verifies you have enrolled in “A” Street **Intervention Program Parenting** and the date you are scheduled to or have begun classes. Returning this form to Court verifies you are waiving confidentiality with the Court.

On _____ (date) _____ (name) and _____
(case number) enrolled in Parenting classes in _____ (city), to begin on
_____.

Program Facilitator

Date

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PARENTING PROGRAM CLIENT CONTRACT:

“A” Street Interventions Programs runs a 10 week program for the purpose of providing education and to promote cooperation and problem solving between parents. We aspire to help reduce anger conflict so that children are less at risk for problems.

Class participants will be required to complete 10 weeks, depending on Court recommendations.

One absence is allowed unless agreed upon in advance.

The fees for the class are \$20.00 per session. No charge is made for registration.

All group members agree to refrain from talking about the other participants in the class, their families and/or current partners and/or anyone else whose name is mentioned in the group to anyone outside the class, keeping the identity, events, conversation and communications of others confidential. If you violate this confidentiality agreement, you will be terminated from the program and must return to Court.

After reading the above information, I agree to abide by the contents of this contract. This contract consists of one page.

Name

Date

Signature

Court case number

Your completion notice will be given to you and sent to the court. If some other entity requires a copy, please provide a self-addressed, stamped envelope.

Program Coordinator

Date

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JoEllen Stevens, Ph.D., Director

I, _____, do hereby authorize JoEllen Stevens, Ph.D. And/or “A” Street Intervention Programs employees to speak to the following individuals or agencies, to send regular reports, and/or to release any and all information which has been acquired during the course of my intervention classes to:

___ My probation officer

___ My parole agent

___ Ventura County Superior Court

___ Human Social Services

___ Other _____

Print Name _____

Signature _____

Date _____

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Fax 805-487-2255
Joellen Stevens Ph.D.

RE: _____

Attn: _____

_____ is scheduled to begin Parenting classes on _____,
subject to approval by Court and/or probation officer or parole agent.

Therapy will be scheduled weekly and will continue until the Court, the probation officer or
parole agent allows termination.

The Client will be registered for 10 session Parenting Program unless other information is
received by LCIP.

The Client has signed authorization for progress reports to be sent upon request to the Court
and/or other governing agency.

If you have any questions please feel free to call.

Sincerely,

JoEllen Setevens, Ph.D.
Director

RECORD OF ATTENDANCE

DEFENDANT: _____ **FEE \$** _____

DATE	SESSIONS NO.	PAYMENT	PROGRESS
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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.