



Dear Parents/Caregivers,

Thank you for inquiring about PITCH 4 KIDZ. Our children's program provides lessons for developing life skills. The topics addressed include learning about addiction and treatment and recovery, identifying and sharing feelings, identifying safe people, learning coping strategies, and problem solving.

Enclosed you will find our **Initial Registration Packet** that will help us to learn more about your family and your child(ren). The 3 forms contained in this packet are:

- **Child Questionnaire** – please fill out one form per participating child.
- **Family Questionnaire** – please fill out one form for your family.
- **Scholarship Request Form** – please fill out one form per family.

Please return completed forms to our office by mail, fax, or email. Please answer all questions, or write N/A if a question is not applicable to you. When we receive all forms, we will contact you to further discuss your child(ren)'s participation and needs.

PITCH 4 KIDZ
5010 E. Shea Blvd. Ste D-202
Phoenix, AZ 85254
PH: 480.607.4472 FAX: 602.569.4378
Email: Stacey@pitch4kidz.org

If at any time you have questions or concerns, please feel free to contact us . We look forward to working with your family.

Sincerely,

PITCH 4 KIDZ Staff



PITCH 4 KIDZ Initial Registration Child Questionnaire

Please return this form (*one per child*), along with the Children's Program Family Questionnaire (*one per family*), to the PITCH 4 KIDZ staff by fax or mail. Please answer all questions, or write N/A if a question is not applicable to you. A PITCH 4 KIDZ staff member will contact you for any further information required.

I am registering my child for the:

- ☐ 3-Day 6 – 12 y/o Workshop
- ☐ TEENZ 1-Day Workshop
- ☐ HEROES Workshop

Participating Child's Name:

(First) _____ (Last) _____ Nickname _____

Age _____ Birth Date _____ / _____ / _____ Grade _____

Gender:

- ☐ Male
- ☐ Female
- ☐ Other _____

Race:

- ☐ Hispanic/Latino
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian
- ☐ Alaskan Native
- ☐ More than one race
- ☐ Other

Participating Child's Information:

Has your child participated in our Children's Program in the past? YES NO

If YES, when? _____

Has your child ever had special education services? YES NO

If YES, please describe. _____

Does your child read? YES NO

Does your child's school have support groups for children? YES NO

If YES, What types _____

Is your child participating in a support group? YES NO

How would you describe your child's social experience at school (easy, difficult, shy, concerns?)

What activities does your child enjoy/participate in? _____

Children often have special needs. Please describe your child's needs:

Please share any life changes experienced in the past year (death, separation, divorce etc.):

Has your child ever witnessed a traumatic event or domestic violence? YES NO

If YES, please briefly describe: _____

Has your child been a victim of physical, emotional, or sexual abuse? YES NO

If YES, please offer brief explanation: _____

Has your child ever been removed from home by CPS? YES NO

If YES, when? _____ When was child reunited with parent? _____

Circumstances? _____

Is your child receiving counseling services? YES NO

If so please provide contact information:

Counselor Name _____ Phone _____

Behavioral Issues or Diagnosis: _____

Any self-harming behaviors (ie. cutting): _____

Does your child have any health/medical issues? YES NO

If YES, please list: _____

Does your child take any medications? YES NO

If YES, please list: _____

Please list medications that would need to be dispensed by staff during the weekend program:

Does your child have any allergies? (food, medication, critters, insects): YES NO

If YES, please list: _____

Any additional information or concerns we should be aware of while working with your child?

Please Note: Because PITCH 4 KIDZ does not create a therapist/patient relationship and is considered an educational program; this form is not a medical record. This form simply helps us get to know your family better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.

Please sign below:

Parent/Guardian Signature(s) (Both parents if applicable)

Date: _____

Date: _____



PITCH 4 KIDZ Initial Registration Family Questionnaire

Please return this form (*one per participating family*), along with the Children's Program Children's Questionnaire (*one per child*), to the PITCH 4 KIDZ staff by fax or mail. Please answer all questions, or write N/A if a question is not applicable to you. A PITCH 4 KIDZ staff member will contact you for any further information required.

Referral Information:

*How were you referred to PITCH 4 KIDZ? ☐ Inpatient facility ☐ Outpatient Agency ☐ Counselor
☐ IOP ☐ Sober-Living ☐ Support Group ☐ Friend ☐ Other: _____

*Name of specific facility/person who referred you? _____

Family Contact Information:

Name of Participating Child(ren): _____

Parent/Guardian Name(s) (***Please circle name of person completing this form:***)

(First) _____ (Last) _____

Relationship to Child: _____

(First) _____ (Last) _____

Relationship to Child: _____

Mailing Address _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Mobile: (____) _____

Who is the primary contact? _____

How may PITCH 4 KIDZ staff contact you?

May PITCH 4 KIDZ send information to your mailing address? YES NO

May PITCH 4 KIDZ leave messages on your home phone? YES NO

May PITCH 4 KIDZ call you on your cellular phone number? YES NO

May PITCH 4 KIDZ email you information? YES NO

What is the best way to contact you? _____ Best days & times to contact you? _____

Family Information:

Name of adult(s) considered for participation in the Sunday portion of the program:

[illegible]

With whom does your child live? _____

Number of people in household: _____

Who has legal custody of child(ren) _____

Has there ever been an order of protection in place? YES NO If YES, when_____

Is there a parent incarcerated? _____

Name of parent or other family member(s) who is/are chemically dependent:

Substances Used: ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Heroin ☐ Methamphetamine

☐ Prescription Medications ☐ Other: _____

Process Addictions: ☐ Gambling ☐ Shopping ☐ Eating ☐ Working ☐ Other: _____

Is this parent/family member currently in recovery? YES NO *If YES, for how long: _____

Treatment types over past year: ☐ Detox/Inpatient ☐ Rehabilitation Program ☐ IOP ☐ Sober

Living Program ☐ 12-Step Group ☐ Smart Recovery ☐ Outpatient Counseling ☐ Other _____

What is your child(ren)'s understanding of family member's substance abuse?

Family member(s) who are in therapy: _____

Location/Therapist name:_____

**Please note: PITCH staff will participate in ongoing assessments and recognize that sometimes kids need to participate in the program at a later date for various reasons. We sometimes recognize that children need additional support/services prior to participation. Our job is to ensure that your child gets the most positive benefits possible in the program.*

Please sign and date below:

Parent/Guardian Signature(s) *(Both parents if applicable)*

_____ **Date:** _____

Date: _____

PITCH 4 KIDZ

Scholarship Request Form



PITCH 4 KIDZ strives to be accessible to ALL children ages 6-12 who could benefit from the program.

If you are in need of financial assistance to participate in PITCH programming, please fill out this form (one per family) and submit with your Family Questionnaire (one per family) and Child Questionnaire (one per child).

Child(ren)'s Name(s): _____

Caregiver/Parent Name(s): _____

Address: _____

City/State/Zip: _____

Telephone Number (_____) _____ Email: _____

Program fee: \$450.00 (1st child)

\$350.00 (for each additional child)

Scholarship amount requested \$ _____

Please provide brief summary of request for scholarship funds:

Aftercare Clubhouse: *We request that parents/guardians agree to have children participate in a minimum of 6 monthly follow up activities in the course of one year following the weekend workshop. This program participation offers additional skills and support to the children and the family members. As a requisite of obtaining scholarship funding, I agree to facilitate my child(ren)'s participation in a minimum of 6 aftercare activities (known as PITCH Clubhouse).*

Parent/Guardian Signature

Date

Relationship to Child: _____