



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  
1110 Eldon Baker Dr  
Flint, MI 48507  
PHONE: (810) 618-3079  
FAX: (810) 232-2782

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: (\_\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_\_) \_\_\_\_\_

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:

\_\_\_\_\_

Marital Status of Parent/Guardian:    \_\_\_ Married \_\_\_ Separated \_\_\_ Widowed \_\_\_ Divorced  
    \_\_\_ Single    \_\_\_ Domestic Partnership

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:**

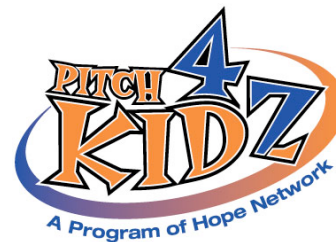
**Parent/Guardian Signature(s) (Both parents if applicable)**

\_\_\_\_\_ **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 (1<sup>st</sup> 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: \_\_\_\_\_