

Please fill in all that applies to the Group for which you are registering. Mail to 15901 Excalibur Road, Bowie, MD 20716 or bring in to the Youth & Family Services office located at the following address Kenhill Center, 2614 Kenhill Drive, Bowie, MD 20715, Suite #108. Space in the group is reserved when we receive your registration from and payment. Some groups require a pre-interview. If you have any questions, please call us on 301-809-3033.

BOWIE YOUTH & FAMILY SERVICES GROUPS

REGISTRATION FORM

Today's Date: ___/___/___

Group Name: _____

Name of Person Attending This Group: _____ Age: ___ Birth Date: ___/___/___

First Middle Initial Last

School Child Attends: _____ Grade: _____ Ethnic Background: _____

Parent or Guardian Name(s): _____

Address: _____
Street City State Zip Code

Parent(s)/Guardian(s) Contact Information:

Name: _____ Phone Number: _____ Email Address: _____

Name: _____ Phone Number: _____ Email Address: _____

Ethnic Background: _____

Number of Family Members Living in Your Household: _____

Participant's RESIDENTIAL AREA (Check ✓ one):

___ Bowie: ___20715; ___20716; ___20717; ___20719; ___20720; ___20721; ___other (write in zip code & city) _____

___ Other *In P.G. County*: ___20769; ___20785; ___20706; ___20708; ___20772; ___20774; ___20704; ___20712;

___ Other (write in zip code & city) _____

How did you hear about this group (check ✓)? ___ Family ___ Community ___ Bowie Marquee Signs

___ School (which one?) _____ ___ Social Agencies ___ Court/Police

___ DSS ___ Cable TV Program ___ DJS ___ Insurance Companies

___ Advertisement (which one?) ___ Bowie Spotlight (City newsletter); ___ Bowie Blade-News; ___ Bowie Star; ___ Flier (mailer)

___ Other (please explain) _____

Have you or your family members participated in a group counseling program of any kind before? ___ Yes ___ No

If yes, please list program(s): _____

Please call 301-809-3033 regarding fee for group. Check or money order payable to: Bowie Youth & Family Services