

Seacoast Youth Services
Enrollment Form

First Name: _____ Last Name: _____ DOB: _____

Age: _____ Sex: Male Female Race: _____

Street Address: _____ Town: _____ Zip: _____

Parent/Guardian: _____ Home Phone: _____

Work/Other Phone: _____ Email: _____

Parent/Guardian: _____ Home Phone: _____

Work/Other Phone: _____ Email: _____

Household Income (annual): _____

Number of people living in household?: _____ Free or Reduced Lunch?

Other assistance? If yes, describe _____

Related Youth/Family Issues/History (check described):

Allergies/Medical/physical Health?

Youth – If yes, describe _____

Family – If yes, describe _____

Alcohol/Tobacco/Drug use?

Youth – If yes, describe _____

Family – If yes, describe _____

Is the Youth currently taking medication?

If yes, describe _____

Family/Juvenile Court Involvement?

If yes, describe _____

Grief/Loss or other Crises Events?

If yes, describe _____

Other Issues/Concerns?

Youth's Strengths and Interests

Enrolled By: _____

Enroll Date _____