



## REGISTRATION FORM

**Please send completed registration form:**

By Mail to: Kristine Poplawski D.V.E.P. Program Coordinator, 487 South Broadway Yonkers NY 10705  
 or by email: [DVEPSTAFF@gmail.com](mailto:DVEPSTAFF@gmail.com) or by fax: 914.965.7902

Section 1: Contact Information			
<b>School/ Organization</b>			
<b>Mailing Address</b>		<b>School Telephone #</b>	
<b>Primary Contact Name &amp; Title</b>			
<b>Telephone # &amp; Email</b>		<b>What is the best way to reach you?</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> Email
<b>Secondary Contact Name &amp; Title</b>			
<b>Telephone # &amp; Email</b>		<b>What is the best way to reach you ?</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> Email
<b>How did you hear of D.V.E.P.?</b>	<input type="checkbox"/> Program Publication: i.e.: flier <input type="checkbox"/> Agency Website <input type="checkbox"/> Love Shouldn't Hurt Conference <input type="checkbox"/> Other: (please explain) _____		

Section 2: Presentation Information per Class	
<i>If you would like us to attend more than one class, please <u>indicate per each class</u> or <u>attach a school schedule indicating which classes and what time you would like us to host presentations.</u></i>	
<b>Total Number of Classes :</b>	
<b>Number of Children in Class:</b>	
<b>Dates Requesting</b>	
<b>Location</b> (if different from above)	
<b>Is Free Parking Available?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No where is the best place for visitors to park)
<b>Duration of Presentation</b> (Starting / Ending Times of Class)	
<b>Presentation Type</b>  <input type="checkbox"/> <b>Healthy Relationships</b> (teen dating violence) <input type="checkbox"/> <b>Healthy Friendships</b> (bullying)	<input type="checkbox"/> Condensed <input type="checkbox"/> Two – Day <input type="checkbox"/> Three Day  <input type="checkbox"/> Assembly <input type="checkbox"/> Tabling <input type="checkbox"/> RAPS Group
<b>Audience</b>	<input type="checkbox"/> 7 <sup>th</sup> Grade <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade  <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade <input type="checkbox"/> Youth-worker  <input type="checkbox"/> Parents <input type="checkbox"/> Parent Teacher Association (PTA)  <input type="checkbox"/> Other: (please explain) _____



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