Choices
For A Bright Future

Yes, I would like my child to participate in the Choices Life Skills program at Holly Middle School on Tuesdays and Thursdays after school. **The Choices class begins on October 15th and ends on December 15th .**

Student's Name: _____Grade: 6th 7th or 8th (circle one)

Phone Number:_____Email_____

Emergency Contact Person and Phone Number (between 2:45 pm and 4 pm)

_____

T-shirt size (check one): _____S _____M _____L _____ XL (Adult Sizes)

Please list any medical or other information you would like us to be aware of.
(Allergies/Medications/Restrictions)

_____

Botvin LifeSkills Training

Parent's Signature: _____ Date: _____

A requirement of the grant that funds Life Skills is that students are surveyed. Students will not be identified in any way, and participation is completely confidential and voluntary. If, for any reason, you do not want your child to participate, or if you have any questions about the survey, please contact the Holly Area Community Coalition's office at 248-328-3135.

Recipients of substance abuse prevention services have rights protected by state and federal law and promulgated rules. For information, contact the OCHN Substance Use Disorder Services, Recipient Rights Coordinator, Sherrie Cook, 5505 Corporate Dr., Troy, MI 48098 or call 248-858-8260. Federal, State and/or County funding has been provided through the Oakland Community Health Network Substance Use Disorder Services to support the project costs.

HOLLY AREA COMMUNITY COALITION
COMMUNITY EMPOWERING YOUTH

Please return to the student office by October 14th.