



Supporting Young Sisters Toward Achieving Success

Lil Systa Registration Form
 Fiscal Year January 1, 20__ – December 31, 20__

The program that you are registering for is supported in part with Federal Funds. Some of the information requested is mandatory. ALL of this information is confidential. Information on individuals is not made public in any way without prior consent from you and/or your guardian.

A. PERSONAL INFORMATION

NAME	DATE OF BIRTH	AGE
ADDRESS	HOME PHONE	
	WORK PHONE	
SCHOOL	GRADE	RACE
		SEX

B. CONTACT LIST

MOTHER'S NAME		HOME PHONE
FATHER'S NAME		HOME PHONE
GUARDIAN NAME		HOME PHONE
EMERGENCY CONTACT		HOME PHONE

C. LIFESTYLE SECTION

- Do you smoke, use drugs or drink alcohol? Always Often Sometimes Never
- If so which ones: _____
- Do your members family smoke, use drugs or drink alcohol? Yes No
- Do you have a boyfriend? Yes No
- How often do you have sex? Always Often Sometimes Never
- Do you use birth control? Yes No
- Have you ever been pregnant? Yes No
- How many children do you have? NONE 1 2 3 4 5 or more
- Have you ever been sexually assaulted or raped? Yes No
- Have you ever had an abortion? Yes No
- If so, how many? NONE 1 2 3 4 5 or more
- When was your last doctor visit? _____
- Do you want to continue your education after high school? Yes No

Signature	Print Name	Date
Staff Signature	Staff Name, Title (Print)	Date