



**Parent Project Jr.® Class**  
**(Spanish Speaking Session)**  
**Location to be Determined**  
**6:00pm – 9:00pm**

(\$25 fee will be reimbursed on completion of course for school-based referrals)

Parent and youth must participate in order to receive credit

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teen Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

JID #: \_\_\_\_\_

Referral Source: \_\_\_\_\_ School: \_\_\_\_\_

Name of Person from Referral Source: \_\_\_\_\_

Telephone of Referral Source: \_\_\_\_\_

Address/ Telephone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to: **805-614-4192**  
Fighting Back Santa Maria Valley

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

I understand that there are requirements that will be explained to me by Fighting Back Santa Maria Valley (FBSMV), my school, parent, Santa Barbara County Probation, and/or other referring agencies. I give my permission to FBSMV to consult with the above referring source about my participation in the above mentioned forum. I have read or had read this agreement and I understand its meaning.

**Sponsored By:**  
**Fighting Back Santa Maria Valley**  
2175 South Bradley Road  
Santa Maria, CA 93455  
**805-346-1774**