

Winter Haven Fire Department Youth Fire Stoppers Program

An educational intervention program of the Winter Haven Fire Department

REGISTRATION FORM

Youth's Information

Name of Child _____ Sex: Male () Female ()
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ School _____

Parent's/Guardian's Information

Mother's/Guardian's Name _____
Last First Middle Initial

Father's/Guardian's Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Phone Number (Home) _____ (Cell) _____

Names of other children living in the home (Last, First, Middle Initial) Age _____

_____ Age _____

Brief statement of the incident your child was involved in

Was this program () Court Ordered or () Voluntary