### Community Connections for Life, Inc. CMHC

MAIN OFFICE

18441 NW 2nd Ave Suite 505, Miami Gardens, FL 33169
Phone (786) 657-3276 Fax (786) 565-9193

www.CCFLINC.com

NORTH LOCATION 555 SW 16th Street, Belle Glade, FL 33430 Phone (561) 983-8870 Fax (561) 983-8892 www.CCFLINC.com

## Youth in Preparation Program

(Y-PREP PROGRAM & SUMMER S.S.E. GROUPS)



Connecting with our Youth!

Join Community Connections for Life, CMHC Social Skills Enhancement Groups (S.S.E)

**HOT TOPICS** to strengthen youth on becoming **Socially Empowered** 

**▶** Self Esteem

**►** Addiction Education

► Peer Pressure

**▶** Police Relationships

**►** Hygiene

► Mental Health

**▶** Behavior Modification

**►** Conflict Resolution

**▶** Bullving

► Appropriate use of Social Media

▶ Effective Communication and many more social related topics!

(INTRODUCING SOCIAL ENHANCEMENT FIELD TRIPS, RAFFLES AND GIVEAWAYS)

Ages 5-17

#### **FREE to Medicaid Participants**

After School Y-Prep Program hours: 2:00 pm – 7:00 pm Monday - Friday

Y-PREP SUMMER PROGRAM DATE/HOURS OF OPERATION:

MIAMI GARDENS LOCATION

JUNE 11<sup>TH</sup>, 2019 – August 9<sup>th</sup>, 2019
8:30 AM – 4:30 PM Monday – Friday

BELLE GLADE LOCATION
JUNE 3<sup>RD</sup>, 2019 – AUGUST 2<sup>ND</sup>, 2019
8:30 AM – 4:30 PM Monday – Friday

Super Social Saturdays (S.S.S) will be held every 3<sup>rd</sup> Saturday of each month. (S.S.S Hours will be suspended during the summer)

\*SUMMER S.S.E GROUPS\*

Summer Registration Starts April 25th May 25th (Space is Limited)

Registration Times: 10am-6pm

\*Child/ren must register by the above date or they <u>may not</u> be able to participate in Summer S.S.E. Groups\*

\*Proper documentation necessary for completion of registration process are as follows:

Student Social Security Number, Parent Id, Student Medicaid Information\*



# Community Connections for Life, Inc. CMHC

Life is better when we're connected.

### **REGISTRATION FORM**

PARENT/ GUARDIAN NAME:	
STUDENT NAME:	
DATE OF BIRTH:	
GENDER OF STUDENT: MALE OR FEMALE	
HOME ADDRESS:	
CITY: STATE:	ZIPCODE:
PARENT PHONE NUMBER (HOME/CELL):	
PARENT WORK NUMBER:	
MENTAL HEALTH DIAGNOSIS:	
SOCIAL SECURITY#	
DOES CLIENT HAVE MEDICAID? YES / NO	
MEDICAID#	
WOULD YOU LIKE TRANSPORTATION FOR YOUR CHILD/DREN? YES / NO	
NAME OF SCHOOL CHILD ATTENDS:	
ADDRESS OF SCHOOL:	
CHILD T-SHIRT SIZE (Circle One): YOUTH / ADULT	XS / SMALL / MEDIUM / LARGE / XXL

**FAX YOUR APPLICATION TO (786) 565-9193** 

OR DROP OFF REGISTRATION FORM TO MAIN OFFICE:

18441 NW 2Nd Avenue,

**North Tower Suite 505** 

Miami Gardens, Florida 33168