

# **ABSTINENCE EDUCATION PROGRAM**

Housing Authority of the City of Carrollton  
SITES

THOMAS HOMES ACHIEVEMENT CENTER  
\*201 SEVENTH STREET\* (770)834-5510 EXT. 10

GRIFFIN HOMES ACHIEVEMENT CENTER  
\*100 CHILDS STRRET\* (770)830-9414

We would like to invite the youth of the community and surrounding neighborhoods to join the Abstinence Education Program!!! If you are between the grades 6<sup>th</sup> to 12<sup>th</sup>, please join us today! Abstinence Education Program provides tons of great activities, educational enhancement, and promotes positive youth development. You will not only get to know the leaders in the community, but you will become one! Select from one of our two sites above! **SIGN UP TODAY!**

Please have your parent/guardian fill out this packet and return it back to us! It's that easy!

Program hours are as follows:

School Session Hours:

Monday-Friday 3:30-6:30pm

Summer Session Hours:

Monday-Friday 2:00-4:00pm

Please look for our monthly calendar and newsletter for events and schedules!!!

The AEP participates in many fun activities! We offer abstinence education to all participants, provide help with homework, allow access to a computer lab with internet, play sports, sponsor tournaments, field trips, special events, community service, and daily snacks.

Come and enjoy fun with AEP Staff! We hope to see you soon!!



Housing Authority  
of the City of Carrollton



Georgia Division of Family and  
Children Services  
Office of Prevention and Family Support

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**Grant Year:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Housing Authority of the City of Carrollton**  
P.O. Box 627  
Carrollton, GA 30117  
(770) 834-2046  
**Abstinence Education Program**  
**Release Form/Permission Slip**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of Emergency and parent cannot be located, please notify:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

List any significant illness/operation and/or special medication:

\_\_\_\_\_

Allergies: \_\_\_\_\_ Medication or Special Diet: \_\_\_\_\_

**Permission:** I hereby give my permission for the above minor to participate in all aspects of the Carrollton Housing Authority Abstinence Education Program. The program will cover topics such as abstinence from sexual activity until marriage, sexually transmitted diseases, AIDS/HIV, peer pressure, goal setting, character education, and other problems that youth face today. The program will provide educational, as well as, recreational outings to participants.

**Release:** There is, by participation in some programs, a risk of injury and by signing this waiver/release form, you are hereby acknowledging this risk. You are waiving the right to take legal action against the Housing Authority of the City of Carrollton, or any of the employees or volunteers working with our organization for liability should the above participant incur an injury.

**Transportation:** I am aware that participation in some programs requires transportation to and/or from various places. I hereby give permission for the above minor to be transported by department volunteers and/or staff, without prior notice, as necessitated by program design.

**Consent of Treatment:** I authorize such physician or medical staff as the Housing Authority's Abstinence Education Program may designate to carry out minor medical or surgical treatment and/or medication necessary, to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of my child/ward. It is understood, however, that I will be contacted, if it all possible, by telephone before any action is taken in order to obtain permission. The physician, organizers, directors, agents, or employees of the Housing Authority of the City of Carrollton are hereby released, acquitted, and discharged from any claim for damage or suit by reason of any injury, illness, or damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and on behalf of the minor not to file a claim or bring a suit with respect to any such injury or damage.

I, the undersigned, am the parent/guardian of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to the above minor. I hereby agree that I and above minor will be bound thereby.



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**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Housing Authority of the City of Carrollton  
Abstinence Education Program  
Letter of Commitment**

This form is to ensure that your child will do his/her best to complete at least one 3-week semester here at AEP, Monday through Friday. Your child is only required to complete one full semester. Each semester consists of only **TWELVE (12) days**. Upon completing one semester your child will graduate from the program, receiving a certificate of completion. Each child is welcomed and encouraged to continue his/her attendance at Abstinence Education after graduation.

I (Student's Name) \_\_\_\_\_ will commit to completing at least one semester at AEP to the best of my abilities.

I (Parent/Guardian) \_\_\_\_\_ will commit to working with AEP staff as well as my child to ensure that they complete at least one semester to the best of their ability.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
Date

**Child's Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_



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**The Housing Authority of the City of Carrollton  
Abstinence Education Program  
School Information Consent Form**

This form will allow the Abstinence Education Program counselors and coordinator to consult with your child(ren)'s school officials. They will be allowed to share any important information with the school, as well as, receive information from the school concerning your child(ren). The information given and received is for the sole purpose of assisting After Hours staff to better serve your child(ren).

I, \_\_\_\_\_, give my permission for the staff of the Carrollton Housing Authority's Abstinence Education Program to communicate with my child(ren)'s school officials and share any information which they deem important in order to help my child(ren) abstain from unnecessary and inappropriate activities.

Child(ren)'s Name and Grade:


\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date



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**The Housing Authority of the City of Carrollton  
Abstinence Education Program  
Discipline Plan/Consent**

Listed below is the Discipline Plan that will be exercised while your child(ren) is/are participating in the Abstinence Education Program (AEP).

If they are behaving in an unwanted or unruly manner they will be:

1. Warned verbally.
2. Warned verbally.
3. Removed from the activity.
4. Sent home with a letter for parent/guardian to sign.

I understand and acknowledge that I have seen the Discipline Plan that will be used at the Abstinence Education Program sites that my child(ren) will be attending.

Child(ren)'s Name:


**Parent/Guardian Signature**

Date



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**The Housing Authority of the City of Carrollton  
Abstinence Education Program  
Electronic Publishing**

The mission at Carrollton Housing Authority Abstinence Education Program is to “prepare today’s youth to become tomorrow’s leaders.” We strive to do that on a daily basis. Because of that focus, our participants frequently produce work or attain accomplishments that make us proud. We want to recognize those participants in as many positive ways as possible.

In years past, we have called someone from the local newspaper to take a picture of our participants and their work so that we could demonstrate our pride in their accomplishments. We will continue to do that. Because of modern technological advances, we now have the capacity to recognize our participants in a medium that reaches a much larger audience, the internet.

The Carrollton Housing Authority Abstinence Education Program maintains a web site on which we post information relevant to our social services programs. We have found that this is a great place to display the accomplishments and work of our participants. One major advantage is that it allows friends and family members from around the country, or around the world, to view the successes of our programs and participants. Anyone with internet access can browse our web site and view the contents of our home page. We feel this is a very exciting and innovative way to stay in touch with the global community and express our pride in our program participants and their accomplishments. The system web site can be accessed at [www.carrolltonhousingauthority.com](http://www.carrolltonhousingauthority.com).

The Electronic Publishing permission form allows you to choose the degree to which your child participates in this medium of communication. Please allow him/her to participate to the fullest extent with which you feel comfortable. There are several options; please give them careful consideration. Please return the form to your child’s program counselor upon completion. This release will be applicable for as long as your child attends the Carrollton Housing Authority Abstinence Education Program. If for any reason your preferences change, you must notify us in writing. If you have any concerns or questions regarding this form of communication, please contact the Abstinence Education Program Coordinator, Caresse Jones at (770) 834-5510, ext. 10 or via email at [caresse@carrolltonhousingauthority.com](mailto:caresse@carrolltonhousingauthority.com).



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**Housing Authority of the City of Carrollton  
Abstinence Education Program  
Electronic Publishing Permission Form**

In order to give you maximum flexibility, please read the following options carefully. Check those that apply and sign at the bottom of the form.

*I give my permission to use my child's: (Please CHECK two)*

\_\_\_\_\_ Work or writings with name

\_\_\_\_\_ Work or writings WITHOUT name

\_\_\_\_\_ Picture with name

\_\_\_\_\_ Picture WITHOUT name

\_\_\_\_\_ **NO**, I do not want my child's picture, name, or work to be published on any web site.

*\*\*I understand that these may be posted on the web site of the Carrollton Housing Authority.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
Date



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**Housing Authority of the City of Carrollton  
Abstinence Education Program  
Consent of Video Use**

Many activities at the Abstinence Education Program, both curriculum-related and community events may provide the opportunity for participants to be videotaped or appear live on closed circuit networks. The videotaped assignments or activities are sometimes shown at program sites or broadcast live over closed circuit channels. We believe these opportunities are valuable and should be a part of your child's educational experience. It has been our experience that the vast majority of parents share this belief.

If you wish to allow your child to be videotaped or to appear live on closed circuit networks, please sign and return this form immediately.

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Participant Name (please print)

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**Signature of Parent/Guardian**

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Date

*\*\*By signing this form, you are indicating your wish that the participant listed above will be allowed to participate in video or broadcast activities or assignments.*



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**Housing Authority of the City of Carrollton  
Abstinence Education Program  
Consent of Internet Access**

I give permission for my child \_\_\_\_\_, to be given an account granting Internet access through the Carrollton Housing Authority network. I understand that my child will access the Internet for program related and school related purposes only. I also understand that it is my responsibility to communicate to my child that he/she cannot access the Internet through the Carrollton Housing Authority network for inappropriate reasons, and that it is a violation of Carrollton Housing Authority policy to use in any manner the account of another network user.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
Date

*\*\*Signed forms are to be returned to the program coordinator.*



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**Housing Authority of The City of Carrollton  
Abstinence Education Program  
Parent/ Guardian Pre-Test**

1. Do you think practicing abstinence is the best choice for your child?  
 Yes  
 No
  
2. Do you think contraceptives (condoms, birth control, etc.) is the healthiest way to protect your child from STD's, unwanted pregnancies, emotional dysfunction, etc.?  
 Strongly disagree  
 Disagree  
 Not Sure  
 Agree  
 Strongly Agree
  
3. Are you, as a parent, familiar with the Abstinence Education message?  
 Strongly disagree  
 Disagree  
 Not Sure  
 Agree  
 Strongly Agree
  
4. Is your child familiar with the Abstinence Education message?  
 Strongly disagree  
 Disagree  
 Not Sure  
 Agree  
 Strongly Agree
  
5. Are you familiar with the services the CHA After school program offers  
 Yes  
 No

*Parent/Guardian Age* \_\_\_\_\_ *Gender* \_\_\_\_\_ *Relationship to Child* \_\_\_\_\_



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**Housing Authority of the City of Carrollton  
Abstinence Education Program  
Participant Pre Test and Post Test Surveys**

Your child has been asked to take part in an evaluation of the Georgia Abstinence Education Program. If they choose to participate, they will be asked questions about their knowledge and perceptions of abstaining from sexual activity until marriage, current and past sexual activity, consequences of engaging in sexual activity as a teen, as well as what they have learned in the program. The information gained from the evaluation may contribute to a better understanding of the abstinence program.

The information collected will be summarized and reported only in group form. Information that is gathered about your child will be confidential and not be reported to anyone outside of the evaluation that in any way identifies them.

You may refuse to take part in this evaluation, and if you choose for your child to take part they may stop at any time. If you refuse for your child to take part or your child decides to stop answering the questions, your child will not be penalized and will not lose any benefits from the abstinence program to which they are entitled.

I have read and understand the above, and I agree for my child to participate as a subject in this evaluation.

<b>Child's Signature</b>	Printed Name	Date
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<b>Parent Signature</b>	Printed Name	Date
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Project Staff Signature	Printed Name	Date
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