Our Cal-SAFE Program goals are:

❖ School-age parents will stay in school and graduate with job skills and parenting skills
❖ Los padres de edad escolar permanecerán en la escuela y graduaran con habilidades de trabajo y habilidades de crianza.
❖ Children of school-aged parents will have good health and develop the physical, intellectual, and social-emotional skills for school readiness.
❖ Los niños de los adolescentes tendrán buena salud y desarrollarán las habilidades físicas, intelectuales, y sociales-emocionales para estar preparados para la escuela.

Cal-SAFE services include:

Cal-SAFE es voluntario y los servicios incluyen:

• Free childcare on or near school campus
• Case management
• Referrals to community resources
• Child development curriculum
• Transportation assistance

• Cuidado de niños gratis en o cerca del jardín de la escuela
• Remisiones a recursos en la comunidad
• Actividades para el desarrollo del niño
• Asistencia con la transportación

For more information, please contact our Cal-SAFE office (805)437-1530

La Oficina del Programa Cal-SAFE 805-437-1530
The Cal-SAFE Program is a drop-out prevention program serving expectant and parenting school age teens (male and female) and their children. The program is voluntary and no cost to participants. Cal-SAFE promotes school attendance and graduation with job and parenting skills for expectant and parenting teens, and healthy development and school readiness for their children.

STUDENT INFORMATION (Please Print):

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>________ Street________</td>
</tr>
<tr>
<td>PHONE - HOME</td>
<td>________ Gty________ Zip________</td>
</tr>
</tbody>
</table>

Expecting/Due Date________ Parenting a child?________

Name of student’s school. If not attending school, give neighborhood school based on place of residence:

| Name of School | Gty |

TEEN REQUEST FOR INFORMATION:

Yes, I would like information about the no-cost Cal-SAFE services for expectant and parenting students and their children.

| Teen Signature | Date |

REFERRING AGENCY INFORMATION:

Circle one: AFLP Cal-Learn School Other: __________________________

| Name of Referrer | Phone |

Please FAX completed form to: FAX Attn Phone

Ventura County Office of Education/Cal-SAFE (805) 437-1519 Lisa Sadowsky (805) 437-1530