



2009/2010 SCHOOL YEAR
PROGRAM REQUEST FORM

Return to CAPS by fax or mail
Fax: 516-621-3767
CAPS, PO Box 176, Roslyn, NY 11576
516-621-0552 or 631-289-3240

Please call CAPS to confirm your program dates!

School _____ District _____

Contact _____ Title _____ Phone (____) _____

Help us keep our costs down. Can we communicate with you by e-mail? Yes No

E-mail _____

1. WHICH CAPS PROGRAM(S) WOULD YOU LIKE TO SCHEDULE?

CAPS student programs are at no cost to schools. Scheduling is on a first-come basis, so please call to confirm your program dates and to arrange parent programs and faculty/staff development.

PROGRAM	FOR GRADE (<i>circle</i>)	NUMBER OF CLASSES
BULLY PREVENTION / PEER HARASSMENT		
<input type="checkbox"/> <i>Steer Clear of Bullies</i> 2 sessions	NEW! 3 4	
<input type="checkbox"/> <i>Coming Soon!... Bullying and Cyber-bullying</i> 1 session	NEW! 5	
<input type="checkbox"/> <i>Step Up and Speak Out</i> 2 sessions	6 7	
FOR GIRLS		
<input type="checkbox"/> <i>What's Up? Girl Talk</i> 1-hour session, 10-12 girls	7 th and 8 th grade girls	
<input type="checkbox"/> <i>New Program! ... Friendship Matters</i> <i>Promoting healthy friendships among girls</i> 1-hour session, 10-12 girls	NEW! 5 th and 6 th grade girls	
SEXUAL HARASSMENT		
<input type="checkbox"/> <i>Sexual Harassment Awareness and Prevention</i> 2 sessions	6 7 8	
CHILD ABUSE PREVENTION		
<input type="checkbox"/> <i>Safety Rules!</i> 3 sessions	2 3	
INTERNET SAFETY		
<input type="checkbox"/> <i>SurfSafe!</i> 1 session	6 7 8	

2. WHEN WOULD YOU LIKE CAPS TO VISIT YOUR SCHOOL? **PROGRAMS ARE NOT AUTOMATICALLY SCHEDULED UPON SUBMISSION OF THIS FORM!!** Call to confirm your program schedule.
First Choice Dates Alternate Dates