



Return to CAPS by fax or mail

Fax: 516. 621-3767

CAPS, PO Box 176, Roslyn, NY 11576

516. 621-0552 ext. 303



2018/2019 HIGH SCHOOL PROGRAM REQUEST FORM

Call CAPS to confirm your program dates!

School _____ District _____

Contact _____ Title _____ Phone (____) _____

E-mail _____

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

CAPS student programs are at no cost to schools, but your school must be a member of CAPS. Scheduling is on a first-come basis. Please call ext.303 to confirm your program dates. To arrange parent programs call ext. 305 and for faculty and staff development, call ext. 307 to confirm your program dates.

- We are a CAPS member! We plan on becoming a CAPS member!

Table with 3 columns: PROGRAM, FOR GRADE (circle), NUMBER OF CLASSES. Rows include Date/Acquaintance Rape Prevention, SurfSafe!, and Child Abuse Prevention.

Call x305 for information on our PARENTING PROGRAMS and x307 for FACULTY / STAFF DEVELOPMENT.

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

First Choice Dates

Alternate Dates