

TULARE COUNTY OFFICE OF EDUCATION
SCHOOL HEALTH PROGRAMS

CHILD ABUSE & NEGLECT PREVENTION VOLUNTEER PROGRAM
- Application -

SCHOOL INFORMATION:

School Name: _____	Telephone: _____
Address: _____	Superintendent/Principal: _____

KINDERGARTEN PRESENTATION INFORMATION:

Number of Presentations: _____
Preferred Date(s): 1st Choice _____ 2nd Choice: _____
Preferred Time(s): 1st Choice _____ 2nd Choice: _____
Name of Classroom Teachers: _____

FIFTH GRADE CLASS PRESENTATION INFORMATION:

Number of Presentations: _____
Preferred Date(s): 1st Choice _____ 2nd Choice: _____
Preferred Time(s): 1st Choice _____ 2nd Choice: _____
Name of Classroom Teachers: _____

CONTACT INFORMATION:

Contact Person: _____	Telephone: _____
On-Site Response Staff: _____	Telephone: _____

Please enclose warrant payable to CSSF-C.A.N. for \$75.00 for **EACH GRADE LEVEL BOOKED** and mail to:

Kathy Johnston, *C.A.N. Coordinator*
Tulare County Office of Education
School Health Programs
7000 Doe Ave., Bldg. #300
Visalia, CA 93291
(559) 651-0130

Superintendent/Principal

Date