beeservicesinc@sbcglobal.net

BSI

Bee Services Inc.
Alcohol Education Program for Minors
REGISTRATION FORM

Name: _____ Sex: M F Age: _____
Last First M.I.

ETHNIC ORGIN: African- American Anglo-American Asian Hispanic
Other: _____

Address: _____
Street City/State/Zip

Phone Number: _____ Grade Classification: FR SO JR SR

State/Drivers License: _____ Social Security #: _____

Judge's Name/Court: _____ Date of Birth: _____

Please check the offense with which you were charged: MIP ____ PI ____ DUI ____ MIC ____

Other: _____

Additional MIP Offenses: 1 2 3 or MORE EMAIL: (17 or OVER)

CONFIDENTIALITY AND ATTENDANCE STATEMENT
(PLEASE READ CAREFULLY)

email address:

I understand that:

- Information about me and my progress in the alcohol education program may be used for research purposes (without identifying me). I hereby authorize such use with the further understanding that this information will otherwise be held confidential and not released to other individuals or agencies for any reason without my signed consent or by the order of the court. This consent may be revoked at any time, but it is necessary for class participation.
- ***NO GUM! NO EXCEPTIONS!*** **If you are caught with gum you will be asked to leave the class and no refunds will be given.**
- **No verbal agreements will be accepted regarding this class.**
- Classes must be taken in correct sequence (Session 1, Session 2). **Tardiness or absence from any class session will result in my being dropped from the course and loss of my registration fee. I would then need to repay and take the entire course again.**
- I must complete a written exam with a minimum score of 70% to receive a Certificate.
- **I must complete an individual exit interview for successful course completion. If I fail to complete my exit interview I will be dropped from the course and loss of my registration fee. I would then need to repay and take the entire course again.**
- I understand it is my sole responsibility to notify the court of successful completion of the course by presenting my Certificate of Completion. If it is lost, there is a $25.00 duplicate fee for replacement.
- All cell phones and electronic devices must be turned off during class time.
- Persons under the age of 16 must be accompanied by a parent or legal guardian at time of registration and have written permission of a parent or legal guardian to take the course.

I have read and agree that all statements are true and will comply with all items herein.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

214.458.5000 (Office) / 972.243.3520 (Fax)
Website: www.beeservicesinc.com

Name _____ Age _____ Gender (circle one) M F

PERSONAL ALCOHOL PROFILE

For each of the following questions, mark an "X" in the appropriate column. Please answer each question for the past SIX-MONTH period only.

PART I

YES	NO	DURING THE PAST SIX MONTHS, HAVE YOU:	
( )	( )	1.	Felt guilty about your drinking?
( )	( )	2.	Cut a class or missed work after having several drinks?
( )	( )	3.	Heard anyone close to you complain about your drinking or suggest that you cut down on you drinking?
( )	( )	4.	Gotten "high" on alcohol before going out on a date?
( )	( )	5.	Passed out from drinking while on a date or out with friends?
( )	( )	6.	Gotten into conflicts with your friends or acquaintances after drinking?
( )	( )	7.	Drank and stayed at home instead of going out to be with others?
( )	( )	8.	Lied to friends about your drinking?
( )	( )	9.	Acted more quarrelsome or angry after drinking?
( )	( )	10.	Had a difficult time being with friends without drinking?
( )	( )	11.	Had bad abdominal pain the morning after drinking?
( )	( )	12.	Found that you could not remember what you did the night before when you were drinking?
( )	( )	13.	Missed morning classes or went to work late because of drinking?
( )	( )	14.	Drank when you felt lonely or depressed?
( )	( )	15.	Become more depressed when drinking?
( )	( )	16.	Drank after blowing an exam or after other disappointments?
( )	( )	17.	Been scared by your reaction to alcohol?
( )	( )	18.	Run out of money because you spent too much on alcohol?

YES	NO	DURING THE PAST SIX MONTHS, HAVE YOU:
( )	( )	19. Gotten into trouble with the police or campus officials because of your behavior after drinking?
( )	( )	20. Spent more money on alcohol than you think you should have?
( )	( )	21. Damaged personal or school property after drinking?
( )	( )	22. Driven a car when you know you have had too much to drink?
( )	( )	23. Usually gulped the first two or three drinks?
( )	( )	24. Chosen not to attend a social activity because there would be no alcohol?
( )	( )	25. Increased the amount of alcohol that you use?
( )	( )	26. Found that you are using more and enjoying it less?
( )	( )	27. Drank in order to forget or feel better about problems?
( )	( )	28. Thought that you might have a drinking problem?
( )	( )	29. Engaged in sex after drinking that you were later sorry for or embarrassed about?
( )	( )	30. Has answering the above questions caused you to think any differently about your drinking?

PART II

( )	( )	1. Do either of your parents have a drinking problem?
( )	( )	2. Does anyone in your family other than your parents have a drinking problem?

PART III

1. What alcoholic beverage did you have in your possession at the time of your citation?

_____

2. What is your favorite type of alcoholic beverage?

_____

3. At what age did you begin drinking (other than a sip of parents drink)?

_____

BEE SERVICES,INC.

CREDIT CARD AGREEMENT

I _____,wish to use my

(Printed Name)

Credit/Debit Card to pay for my Program with BEE SERVICES.By signing this form I am agreeing that **NO REFUNDS OR CHANGE OF DATES** will be allowed. If I do not show up for or miss a class (For Whatever Reason) there will be **NO REFUNDS** issued. A $2.50 Convenience Fee is being added to **EACH** payment.

_____

Signature

_____

Date

_____

Amount Charged

MIP

_____

Program

BEE SERVICES
ZOOM RULES

1)Audio is to be on during ENTIRE class.

2)Video is to be on during the ENTIRE class.

3) ABSOLUTELY NO DRIVING WHILE DOING ANY PROGRAM YOU WILL BE REMOVED FROM CLASS.

4)NO chatting with other Students during class.

5)If given Book or Paperwork you will bring filled out and back to Office to receive Certificate.No copies will be given.

6)Test WILL be done during Final class or in Carrollton office within 2 days between 9AM and 1PM to receive Certificate.

7)If not in Waiting Room at start time of class you will not be admitted to class.We let you on 15 minutes Early.You will HAVE to Repay and Restart from day 1.For REPEAT DWI you will need to do a make-up Class.

SIGN_____ DATE_____