

**REGISTRATION FORM**

Date \_\_\_\_\_

**CLIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security# \_\_\_\_\_ Sex M F \_\_\_\_\_ Marital Status \_\_\_\_\_ Single

Ethnicity \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Languages Spoken at Home \_\_\_\_\_

Siblings: Gender \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Who referred you? \_\_\_\_\_

Biological Parents \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Right Handed \_\_\_\_\_ Left Handed \_\_\_\_\_ Uses both Right & Left Hands \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Previous Schools – Name, Location, Grades Attended