

ADULT REGISTRATION

Name: _____ Birthdate: _____ Age: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Is it OK to leave a message? ___ yes ___ no

Cell Phone: _____ Is it OK to leave a message? ___ yes ___ no

Employer: _____ Occupation: _____

Work Phone: _____ Is it OK to leave a message? ___ yes ___ no

Family Physician: _____ Phone: _____

Emergency Contact: _____ Relationship to you: _____ Phone: _____

Who referred you to me? _____

Signature and Date

CHILD REGISTRATION

Name: _____ Birthdate: _____ Age: _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Is it OK to leave a message? ___ yes ___ no

Cell Phone: _____ Is it OK to leave a message? ___ yes ___ no

Parent Employer: _____ Occupation: _____

Work Phone: _____ Is it OK to leave a message? ___ yes ___ no

Family Physician: _____ Phone: _____

Emergency Contact: _____ Relationship to you: _____ Phone: _____

Is caregiver biological parent, foster parent, or relative: _____

*If caregiver is other than biological parent please provide Court documentation that you are the legal guardian.
If biological parents are separated or divorced, please provide Court documentation that you have full, joint, or primary custody.*

Who referred your child to me: _____

Signature: _____

Date: _____
