

# CHILD\ADOLESCENT CLIENT REGISTRATION FORM

Today's Date \_\_\_\_\_

Welcome. Please fill out these forms for your child/adolescent's file. Then read the required enclosed policies. We will fill out the signature page together and review any questions you may have. Fill out the form from/with your Child/Adolescent's perspective.

Child/Adolescent Name	Gender?	Birth date	Age	Lives with: Parent(s) <input type="checkbox"/> Step Parent(s) <input type="checkbox"/> Visits w/ 1 Parent <input type="checkbox"/>
Parent's names: Mother			Father	Residential Step Parent's Name
Address				Home #
City	State	Zip		Parent's Cell #
Name of School		Grade		Adolescent's Cell #
Emergency Contact		Relationship to You		Their Phone #
Name of Person Filling Out This Form		Relationship to Child/Adolescent		Marital Status
Are there any restrictions where I can contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify.				Referred by

### People Residing in Your Home

Name	Age	Relationship

### Children Living Outside Your Home


### Primary Insurance None

Policy Holder's Name	Birth Date	Insurance ID#
Employer	Occupation	Group #
Insurance Company's Name		Telephone #
Child's Relationship to Policy Holder <input type="checkbox"/> Stepchild <input type="checkbox"/> <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>		

I affirm that the above information is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_