



Client Registration

Child / Adolescent

Child / Adolescent Name _____ Gender M F

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

Date of birth _____ Age _____ Race / Nationality _____

Lives With: _____ School Name: _____

School Address _____ Grade _____

	Mother/Guardian	Father/Guardian
Name		
Address		
City/State/Zip		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Occupation		
Company		
Work Address		
Relationship to Child <small>i.e. biological, adoptive, step parent, guardian, etc.</small>		
Parent Age		
Highest Grade Completed		