# NEW CHILD CLIENT REGISTRATION FORM

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## *CHILD CLIENT INFORMATION*

NAME _____________________________________________ AGE _______________ DATE OF BIRTH______

ADDRESS_________________________________________________________________________________
Street Apt. # City State Zip code

HOME PHONE _____________________ CELL PHONE ___________________

EMAIL ADDRESS __________________________________ SOCIAL SECURITY #_______________________

SCHOOL_________________________________ GRADE _______________________

## *PARENT INFORMATION*

NAME _____________________________________ AGE _______________ DATE OF BIRTH______

ADDRESS (if different) ___________________________________________________________________
Street Apt. # City State Zip code

HOME PHONE _____________________ WORK PHONE __________________ CELL PHONE ________________

EMAIL ADDRESS __________________________________ SOCIAL SECURITY #_______________________

PLACE OF EMPLOYMENT____________________________ OCCUPATION _______________________

INCOME _______________ MARITAL STATUS _______________ HIGHEST GRADE COMPLETED _________

I occasionally send out announcements for classes/workshops I run, may I add your name to my personal, confidential mailing list? _______________

## *OTHER MEMBERS OF THE HOUSEHOLD*

| Name | Age | Relationship to client |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |

GOALS FOR THERAPY ___________________________________________________________________________

Has your child had previous counseling experience? _______ When, why and where? __________________________

_____________________________________________________________________________________________

REFFERAL SOURCE ______________________________ May I thank them for the referral? ___________

INSURANCE COMPANY ________________________________ NAME OF INSURED ____________________

AUTHORIZATION/CERTIFICATION NUMBER____________________________________________

EMERGENCY CONTACT________________________ PHONE # _________________ RELATIONSHIP _________

SIGNATURE __________________________________________________ DATE _______________