



Registration Form

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Gender: M F Clients School/Grade: _____

Mother's Name: _____ Father's name: _____

Parent's marital status: Married Divorced Separated Custodial Parent: _____

Whom may we thank for referring you? _____

In case of emergency who should we notify? _____

INSURANCE INFORMATION

Person Responsible for Account: _____

Relationship to Client: _____ Date of Birth: _____

SSN: _____ Employer: _____

Insurance Company: _____ Subscriber #: _____

Group #: _____ Phone #: _____

Insurance Address: _____

Is the client covered under additional insurance? Yes No. If yes, Subscribers Name: _____

Relationship to Client: _____ Date of Birth: _____

SSN: _____ Occupation: _____

Insurance Company: _____ Subscriber #: _____

Group #: _____ Phone #: _____

Insurance Address: _____

Client's Name Date

Signature of Client/Parent/Legal Guardian Relationship