



### Child/Adolescent Registration Form

LEGAL GUARDIAN INFORMATION					
Last name:	First name:	Middle name:	Date of birth:	Age:	Social Security Number
Address:		PO Box/Apt. no:	City:		State: Zip code:
Occupation:		Employer:	Length at job:		Email address:
Work phone no.:		Preferred way to be contacted: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mail <input type="checkbox"/> Email			Relationship status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Non-cohabiting partner <input type="checkbox"/> Other _____
Cell phone no.:		Can I leave a message?: Can I send you a text?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home phone no.:		Spiritual/Religious Affiliation: <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Atheist <input type="checkbox"/> Islam <input type="checkbox"/> Mormon <input type="checkbox"/> Baptist <input type="checkbox"/> Episcopal <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Presbyterian <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other: _____ <input type="checkbox"/> I would not like to disclose			
Racial/ Ethnic Origin: <input type="checkbox"/> Latino/a <input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native American/Indian <input type="checkbox"/> Multicultural _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> I would not like to disclose		Are you currently practicing your religion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would not like to disclose			Name of partner/wife/husband:
Relationship to client: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____		Any other detail that you would like to share?:			
ADDITIONAL GUARDIAN INFORMATION					
Last name:	First name:	Middle name:	Date of birth:	Age:	Social Security Number
Address:		PO Box/Apt. no:	City:		State: Zip code:
Occupation:		Employer:	Length at job:		Email address:
Work phone no.:		Preferred way to be contacted: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mail <input type="checkbox"/> Email			Sexual orientation: <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay/Homosexual <input type="checkbox"/> Bi/Bisexual <input type="checkbox"/> Transgender M to F F to M <input type="checkbox"/> Not sure <input type="checkbox"/> Other _____ <input type="checkbox"/> I would not like to disclose
Cell phone no.:		Can I leave a message?: Can I send you a text?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home phone no.:					

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<p><b>Racial/ Ethnic Origin:</b></p> <input type="checkbox"/> Latino/a <input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native American/Indian <input type="checkbox"/> Multicultural _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> I would not like to disclose	<p><b>Spiritual/Religious Affiliation:</b></p> <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Atheist <input type="checkbox"/> Islam <input type="checkbox"/> Mormon <input type="checkbox"/> Baptist <input type="checkbox"/> Episcopal <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Presbyterian <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other: _____ <input type="checkbox"/> I would not like to disclose  <p>Are you currently practicing your religion?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would not like to disclose	<p><b>Relationship status:</b></p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Non-cohabiting partner <input type="checkbox"/> Other _____ Name of partner/wife/husband:
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**IN CASE OF EMERGENCY**

Name a local friend or relative (please have one not living with you):	Relationship:	Phone no.:
1.		
2.		