

Office use only

Deposit for final 2

tx pd:

Date: \$

Dates used:

TL pd/date:

Initial paymnt pd:

Date: \$

**Development is CHILD'S PLAY!**

Where Fun and Function Go Hand-in-Hand

Registration Form

Client's name: _____ Date of Birth: _____ Date: _____

Parent/Caregiver Information (*Space is provided for 2 people*):

Name:		
Relationship to child:		
Preferred Phone #:		
Secondary Phone #:	Can detailed messages be left at this number? Y / N	Can detailed messages be left at this number? Y / N
Email:		
Address:		
Please check:	<input type="checkbox"/> Main contact <input type="checkbox"/> Billing <input type="checkbox"/> Person responsible for transporting child	<input type="checkbox"/> Main contact <input type="checkbox"/> Billing <input type="checkbox"/> Person responsible for transporting child

In case of emergency contact (name and number, relation to child):Does the client have any allergies (food or other):Does the client have any physical condition/precautions or limitation that should be known (seizures, heart problems, asthma, muscle/bone disorder):Professionals involved in the care/development of the client (physicians, psychologists, therapists, agencies):Note any diagnosis(es) the client has been given (or "none"):Current medication(s) (list name and reason for each Rx and OTC):Primary concerns for the client:

- 1.
- 2.
- 3.

Primary goals for the client:

- 1.
- 2.
- 3.