

Office use only
 Deposit for final 2 tx
 pd:
 Date: \$
 Dates used:
 TL pd/date:
 Initial paymnt pd:

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.