



Registration Information

Client Information:

Client's Full Name: _____

DOB _____ **Sex:** Male Female **Home Phone #:** _____

Home Address: _____

Marital Status: Single Widowed Married Divorced Legal Separation Unknown

Primary Language: _____ **Religious Preference:** _____

Student Status: Full-Time Part-Time **Occupation:** _____

Employment Status: Full-Time Part-Time Retired Active Military

Parent/Legal Guardian information (please print clearly)

Name: _____

Relation to Client _____

Home Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Other Parent/Legal Guardian information (please print clearly)

Name: _____

Relation to Client _____

Home Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Emergency notification and next of kin information:

Name: _____

Relation to Client _____

Home Address: _____

Home Phone #: _____ **Cell Phone #:** _____