

NEW HORIZON COUNSELING CENTER
Child Registration

Child's Name: _____ Date: _____

Child's Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Child's Race: _____ Gender: M ~ F DOB: ____/____/____ Age ____

Father's Name: _____ DOB: ____/____/____ Age ____

Father's Employer: _____ Occupation: _____

Mother's Name: _____ DOB: ____/____/____ Age ____

Mother's Employer: _____ Occupation: _____

Legal Guardian's Name (if different from mother & father): _____

Home Phone# _____ Work Phone# _____

Cell Phone# _____ Other Phone# _____

Email Address: _____

Does child live with both biological parents? Y__N__ Are parents divorce or separated Yes__No__

If parents are divorce, did you bring a copy of your divorce decree Yes____ No____

Child's School: _____ Grade: _____

Was child referred to counseling? Y__N__ If Yes, by whom? _____

Names and ages of others living in your home:

Name:	Age:	Relationship:
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Issues to be discussed / reasons for child being brought to counseling: _____

How did you hear about us? Friend/Family Former/Current Client Psychology Today
 Our Website Goodtherapy.com Counsel-search.com Other: _____