# NEW CLIENT IN-TAKE & ENROLLMENT APPLICATION

## Welcome!

We are excited to begin our partnership with you! To ensure we have the information we need to best serve you and your child/children, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you and welcome!!

## Contact Information

**PRIMARY CONTACT**

RELATIONSHIP TO CHILD/CHILDREN

EMAIL

PHONE NUMBER

PREFERRED CONTACT METHOD

Phone E-mail Text Instant Message

Other

SECONDARY CONTACT PERSON

RELATIONSHIP TO CHILD/CHILDREN

EMAIL

PHONE NUMBER

PREFERRED CONTACT METHOD

Phone E-mail Text Instant Message

Other

## Street Address

STREET ADDRESS

CITY

STATE

ZIP

**BEST DAYS TO MEET**

Mon Tue Wed Thu Fri Sat Sun

## Child Information

**CHILD 1**

PREFERRED NAME

AGE

DATE OF BIRTH

GENDER

RACE/ETHNICITY

**CHILD 2**

PREFERRED NAME

AGE

DATE OF BIRTH

GENDER

RACE/ETHNICITY

**CHILD 3**

PREFERRED NAME

AGE

DATE OF BIRTH

GENDER

RACE/ETHNICITY

# Medical Information & History

PRIMARY CARE PHYSICIAN

STREET ADDRESS

CITY STATE ZIP

PHYSICIAN E-MAIL PHONE NUMBER

HOURS OF OPERATION

**MEDICAL CONDITIONS**

| | | | |
|---|---|---|---|
| Asthma | Diabetes | Anxiety | HIV/Aids |
| ADHD | Anemia | High Blood Pressure | Seizures |
| Autism | Depression | Epilepsy | Sickle Cell |
| Other | | | |

**ALLERGIES**

PLEASE SELECT ALL KNOWN ALLERGIES

| | | | | |
|---|---|---|---|---|
| Seafood | Nuts | Pets | Grass | No Allergies |
| Dairy | Wheat | Soy | Pollen | |
| Other | | | | |

# School Information

NAME OF SCHOOL

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

# CONSENT TO PARTICIPATE

By signing below, you acknowledge that the contents of this application is true.  Failure to provide information may result in a disqualification from the program.  Parents or Guardians must notify our office if any of the above changes.  All personal and medical information shall be kept confidentially.  R.E.A.C.H. Project has the right to refuse and revoke service at any time.

______________________________
Parent/Guardian Signature

______________________________
Parent/Guardian Signature

____________________
Date

____________________
Date