

Client Registration Form

Client Information

Name: _____ Address: _____
_____ Home Phone Number: _____

Emergency Contact Information

Name: _____ Address: _____
_____ Home or Cell Phone Number: _____
Work Phone Number: _____ Relationship to you: _____

Family/Friend/Neighbor Information

Name: _____ Address: _____
_____ Home or Cell Phone Number: _____
Work Phone Number: _____ Relationship to you: _____

Primary Doctor/Healthcare Professional Information

Name: _____ Address: _____
_____ Phone Number: _____

Special Considerations (allergies, illnesses, medications, etc.): _____

Gender: _____ Ethnicity: _____ Date of Birth: _____

Is there a key to your home that is available to others in the event of an emergency? (Please circle one.) Yes No

If so, where is it located? _____

In the event that my Emergency Contact, Family Member, Friend and/or Neighbor cannot be reached, I hereby give permission for the Police or Fire Department to check on my wellbeing. I understand that the above information is for program use only, and is held in the strictest of confidence.

I have read and understood the above waiver.

Client Signature: _____ Date: _____

OR

I read the above information to _____ because of an inability to read/sign this form.

Signature: _____ Date: _____