

# Welcome

## About Your Child

Today's Date: _____	
Name: _____ <small>Last First M.I.</small>	I prefer to be called: _____
Birthdate: ____/____/____ Age: _____ Social Security #: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: _____ <small>Street City State Zip</small>	
Parent(s)/Guardian Name(s): _____	
Home Phone#: _____	Work Phone #: _____
How would you prefer us to contact you? _____	When is the best time? _____
Whom may we thank for referring you? _____	
<b>Emergency Contact Person (if unable to contact parent)</b>	
His/Her Name: _____	Relation: _____ Home Phone#: _____
Address: _____ <small>Street City State Zip</small>	Work Phone#: _____

*Thank you!*