

## Registration Form for Group

Today's date: \_\_\_\_\_

1. Child/Teen's name: \_\_\_\_\_
2. Mother's name: \_\_\_\_\_
3. Mother's address: \_\_\_\_\_
4. Mother's phone number: \_\_\_\_\_
5. Father's name: \_\_\_\_\_
6. Father's address: \_\_\_\_\_
7. Father's phone number: \_\_\_\_\_
8. Age of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_
9. School name/address: \_\_\_\_\_
10. Grade in school: \_\_\_\_\_
11. Primary concern:  
\_\_\_\_\_  
\_\_\_\_\_
12. Parenting time schedule if applicable:  
\_\_\_\_\_  
\_\_\_\_\_
13. Has your child participated in groups before? Is so, were there concerns?  
\_\_\_\_\_  
\_\_\_\_\_
14. How does your child do in group settings and are there any special concerns?  
\_\_\_\_\_  
\_\_\_\_\_
15. Behavioral issues in school or identified by a counselor? Please explain?  
\_\_\_\_\_  
\_\_\_\_\_
16. Medications: \_\_\_\_\_
17. Hospitalization: \_\_\_\_\_

18. Prior Counseling with whom and for what issues?:

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19. Physical/sexual/emotional abuse:

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20. Drug/alcohol use:

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21. Family mental illness: \_\_\_\_\_

22. Emergency contact person: \_\_\_\_\_

*Due to the nature of groups, individualized and/or a specialized curriculum for your  
child is not possible.*

Please use additional paper if needed to complete form