



SproutCounseling

Child/Adolescent Registration

Last Name:		First	Middle Initial	
Sex M/F	Age:	Date of Birth:		
Address:				
City:			State:	Zip:
Home Phone:		Work:	Cell:	
Email address (Parent):				
Teen Email:				
Best way to contact? (circle) Home Work Cell				

Parent/Guardian 1		
Last Name	First:	MI:
Address:	City	State
Phone	Work	Cell
Occupation:		Employer

Parent/Guardian 2		
Last Name	First:	MI:
Address:	City	State
Phone	Work	Cell
Occupation:		Employer
Relationship Status (circle)		
<p style="text-align: center;"> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced </p>		
Emergency Contact:	Phone:	Relationship:
List Past Schools: Primary: Middle: High:		
Who can I contact at the school that knows your child best? (Teacher, school counselor, principal?)		
What extracurricular activities is your child involved with? (sports, clubs, leadership training)		
Are there other significant adults relationships your child has outside of your immediate family? (Grandparent, coach, Sunday school teacher, pastor, youth group leader)		
List siblings. How does your child get along with his/er siblings and/or others?		