



REGISTRATION FORM

Office Use Only:	Entered in DB _____
Date Rcd _____	Lesson Fee _____ Admin Fee _____
Pmt: CC / Check _____	Session _____

CLIENT INFORMATION:

Client Name _____ M F DOB _____ SSN# _____

Home Address _____ City _____ State _____ Zip _____ County _____

Email Address _____ Home Phone _____ Day Phone _____

Cell Phone _____ Emergency Contact & Phone _____

Mother's Name _____ Mother's Occupation _____ Employer _____

Mother's Work Phone _____

Father's Name _____ Father's Occupation _____ Employer _____

Father's Work Phone _____

Rider's Physician _____ Physician ID _____ Physician Phone _____

Rider's Therapist _____ Therapist's Phone(s) _____

Current Residence (check one): Natural Home (living with family/guardian) Foster Home Nursing Home Lives Independently
 Group Home Individualized Supported Living Specialized Facility
 If Group Home please provide address and phone: _____

CLIENT PHYSICAL INFORMATION:

Height _____ Weight _____ Verbal Non-Verbal

Ambulatory Non-Ambulatory Wheelchair Walker Cane

Appliances, if any: (ex: AFO's, glasses) _____

Seizures? _____ Allergies: _____

Medications _____

Diagnosis _____

Goals _____

REGIONAL CENTER CLIENT?
YES <input type="checkbox"/>
NO <input type="checkbox"/>

PREVIOUS TH CLIENT?
YES <input type="checkbox"/>
NO <input type="checkbox"/>

OPTIONAL INFORMATION: <i>The following information is needed at times for grant applications:</i> _____ # living in your/your child's household
Ethnicity (check all that apply): African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Multiethnic <input type="checkbox"/>
Income Level Per Year (circle one): 11,000 – 15,000 15,001 – 19,000 19,001 – 25,000 25,001 – 30,000 30,001 – 45,000 45,001 – 60,000 60,001 – 75,000 75,001 – 90,000 Over 90,001