



**THE
CENTER
FOR
LIFESPAN
DEVELOPMENT**

REGISTRATION SHEET

BASIC INFORMATION

Name

Date of Birth

Parent / Guardian Name

Address

Email Address

Home Telephone

Work Telephone

Mobile Phone

Please list current medications

Other important information



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EMERGENCY CONTACT INFORMATION

Person to notify

Address

Home Telephone

Mobile Phone

Work Telephone

Relationship to client

SCHOOL CONTACT INFORMATION

Name of school / town

Grade / Class

School contact person (name, title)



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SCHOOL CONTACT INFORMATION, CONTINUED

School address

School phone number

THERAPIST / OTHER PROFESSIONALS

Name

Role

Address

Work Telephone



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REGISTRATION SHEET

INSURANCE INFORMATION *(if a health insurance claim form is requested)*

Insured's ID Name

Insured's ID Number

Insured's Address (if different)

Insured's Date of Birth

Insurance Plan Name or Program Name