



CLIENT REGISTRATION

Student's Name _____
Last First

| M/F | Age | Birth Date | Grade | School/District |
|-----|-----|------------|-------|-----------------|
| | | | | |

| |
|-----------------------------------|
| Mother's Name _____ Last First |
| Address _____ City |
| Occupation _____ |
| E-mail _____ |
| Home Phone _____ |
| Work Phone _____ |

| |
|-----------------------------------|
| Father's Name _____ Last First |
| Address _____ City |
| Occupation _____ |
| E-mail _____ |
| Home Phone _____ |
| Work Phone _____ |

How did you hear about us? ___ Ad ___ Referral ___ Web Site

Who may we thank for the personal recommendation?

Briefly list prior remediation _____

Briefly list the reason for this visit _____

I assume responsibility for all charges incurred for testing and remediation of my child. I also understand the terms for self-pay and financing.

Parent Signature Date