## Registration Form

**I. Client Information**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Living in Home: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Ethnic Background:  African American   White  Hispanic  American Indian/Alaskan Native

Asian/ Pacific Islander  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language in Home:  English   Spanish   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent Information (if applicable)

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Living in Home: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Ethnic Background:  African American   White  Hispanic  American Indian/Alaskan Native

Asian/ Pacific Islander  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language in Home:  English   Spanish   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Current Home Structure**

Who has legal custody?  Shared  Mother   Father  Other (Foster Home, Relative, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adults in the home:  Two biological parents   Shared custody   Mother alone   Father alone   Adopted

 Foster parent(s)  Mother with partner   Father with partner   Mother with grandparent

Father with grandparent    Other \_\_\_\_\_\_\_\_\_\_\_

List Ages of siblings/cousins in home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Type:  House  Apartment  Shared Apartment/Home  Shelter  Homeless

Has the family lived in this location a year or more? Yes   No

If No, how many locations in the last two years? \_\_\_\_\_ How long ago was the most recent move? \_\_\_\_\_\_\_\_\_\_

**III. Income Assessment**

How many adults contribute financially to your family? \_\_\_\_\_\_\_\_\_

Total Household Annual Income of contributing adults:  Under 30K  30-50K  50-70K  Greater than 70K

**IV. Child Information**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_

Family Ethnic Background:  African American   White  Hispanic  American Indian/Alaskan Native

Asian/ Pacific Islander  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language in Home:  English   Spanish   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Scholastic Concerns**

Are you experiencing academic difficulty with your child?  Yes   No

If Yes, with more than one child  Yes  No

Choose up to (5) primary concerns. Low Grades   Difficulty w/ One subject

Difficulty Learning Overall  Attention  Anxiety  Class Disruption  Hyperactivity   Withdrawn

Somatic (excessive complaints of physical ailments)  Overlooked  Under Challenged  Undisciplined

Disrespectful  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did difficulties begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any significant changes in child/family life and when they occurred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does a child have a diagnosis?  Yes   No Check all that apply

Attention-Deficit Hyperactivity Disorder    Bi-Polar Disorder  Autism Spectrum Disorder

Speech and Language Delay  Cognitive Delay    Developmental Delay

Sensory Impairment  Physical Disability  Other : \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. School Information** Check all that apply

Current School Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Type:  Public  Private  Charter  Home School  Language Immersion  No School

School Age:  Pre  K-5  K-8  K-12  Middle (6-8)  High (9-12)

Has this been your child’s school for a year or more?  Yes   No

If no, number of schools in last two years? \_\_\_\_\_ How long ago was the most recent transfer? \_\_\_\_\_\_\_\_\_\_\_\_

**VII. After School Information** Check all that apply

Does your child go straight home after school?  Yes   No

If yes, do they receive a ride?  Yes   No

If yes, by whom (list all): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child go to a relatives home after school?  Yes   No

If yes, whose home (list all)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child in some form of after school programing?  Yes   No

If yes, Current After School Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. Participation in Hobbies, Arts, & Teams**

What consistent activities does your child participant in during the year? Check all that apply

Martial Arts   School Government  Soccer    Track  Dance    Book Club

Choir  Leadership  Art  Work  Sleep  Boxing  Basketball  Football  Double Dutch

STEM  Acting  Golf  Debate  Scholastic Team  Cheerleading

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any long-term services/scholarships being received from these programs?  Yes   No

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IX. General Developmental History:**

Any concerns about development of motor skills (i.e. walking, sitting, crawling)?  Yes   No

Was any birth Premature?  Yes   No If yes, how premature? \_\_\_\_\_\_\_\_\_

Does any child have a medical problem?   Yes   No

Asthma    Allergies to Medicines  Seizure    Seasonal Allergies

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has hearing been evaluated?  Yes   No Frequent colds/ear infections?  Yes    No

Has eyesight been examined?  Yes  No

Any communication oddities? (i.e. babble, point, words) Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pediatrician and/or other significant doctor/specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**X. Consent Agreement**

DISMISSAL

To ensure the safe enjoyment of each member, behavior problems may lead to dismissal from Study Smart Insights. To provide opportunity for change we will first meet with parent/guardian in an effort to redirect behavior through home intervention. Second offence may require a short break from the company. Lastly, dismissal may occur when the first two steps fail to accomplish results.

PHOTO/VIDEOGRAPHY

As part of our media promotion we may place photos or videos of your family participating in our public events and activities. Private conversations and consultations will NEVER appear on any public forum without clear consent.

I hereby authorize Study Smart Insights to photograph, film, or video tape my family engaged in study program activities and to use these images for the purpose of promotion, outreach materials, press releases, other inclusive categories and

recognition of my family’s accomplishments. I understand that I can request that my child not be identified by name on any materials and if I wish to have any photo removed I may contact the program at [info@ssinsights.org](mailto:info@ssinsights.org).

I give permission for Study Smart Insights to use the information provided on this form to assist in identifying my family’s needs.  I understand this also includes any preliminary evaluations/screens used to assess my child.  I understand that this information will be kept completely confidential.  I am aware that I may request this information to be removed from my family’s file if it is inaccurate, misleading or otherwise in violation of the privacy or other rights of my family.  I am also aware that I may request a copy of this completed form for my own records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian