## 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.

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