

**CHILD CLIENT INFORMATION SUMMARY**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

\_\_\_\_\_

Mother's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Years of Schooling: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Years of Schooling: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings: \_\_\_\_\_ (DOB) \_\_\_\_\_ (DOB)

Family Annual Income: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_