



**REGISTRATION FORM**

**Please print clearly:**

CHILD'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE AGE BIRTHDATE

ADDRESS \_\_\_\_\_  
NUMBER STREET ( )  
CITY ZIP CODE Area Code Number

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ RACE \_\_\_\_\_

Child is living with:  Foster Parent  Relative  Biological Parents  Grandparent  Legal Guardian

How long has the child been living with the current caregiver: \_\_\_\_\_

How long has the child been living in foster care: \_\_\_\_\_

Brief description of child's placement history/relationship with biological family:

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

Referred By: \_\_\_\_\_ Phone number \_\_\_\_\_

**GUARDIAN INFORMATION: (Where child currently resides)**

CAREGIVER NAMES \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code Number Area Code Number

Cell Phone \_\_\_\_\_ Secondary Contact (If you are not available) Name \_\_\_\_\_  
Area Code Number \*different from emergency contact\* Area Code Number

**BIOLOGICAL PARENT INFORMATION: (If currently involved in child's life)**

PARENT NAMES \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code Number Area Code Number

Cell Phone \_\_\_\_\_  
Area Code      Number

Siblings: \_\_\_\_\_

Where do their siblings reside: \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL WORKER INFORMATION (if applicable):**

Children's Social Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Foster Family Agency Social Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**LEGAL INFORMATION (if applicable):**

Children's Attorney \_\_\_\_\_ Phone Number \_\_\_\_\_

CASA worker \_\_\_\_\_ Is your child a U.S. citizen? \_\_\_\_\_

**THERAPIST INFORMATION (if applicable):**

Therapist Name/Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Is your child enrolled in a Wraparound Program/System Of Care? \_\_\_\_\_

If so, please list a contact person and phone number: \_\_\_\_\_

**CHILD'S SCHOOL INFORMATION: *\*\* (Please submit child's most recent report card) \*\****

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please describe any difficulties your child has in school \_\_\_\_\_  
\_\_\_\_\_

List two behavioral goals for your child:  
\_\_\_\_\_  
\_\_\_\_\_

Areas of difficulty or frustration for the child: \_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION:**

Does your child have any of the following?

Medical concerns \_\_\_\_\_

Please describe concerns \_\_\_\_\_

Allergies to medicine or food \_\_\_\_\_

Restrictions on activities \_\_\_\_\_

Special Medication \_\_\_\_\_

Please list the medications including dosage \_\_\_\_\_

\_\_\_\_\_

Is this child covered by medical insurance?  Yes  No

Insurance provider \_\_\_\_\_ Policy number \_\_\_\_\_

1<sup>st</sup> Emergency contact & phone number \_\_\_\_\_

2<sup>nd</sup> Emergency contact & phone number \_\_\_\_\_

Relationship to child \_\_\_\_\_

By agreeing to participate in Peace4Kids, I also consent to having my child's picture taken for use in any Peace4Kids materials, which will only be used by Peace4Kids employees for publications, fundraising, or public relations.

Also, should it be necessary for my child to receive medical care while participating with Peace4Kids, I give my permission for the supervisors to obtain medical care. I give my permission for the physician selected to render medical care deemed necessary by the physician. I understand that Peace4Kids has no insurance covering such medical or hospital costs incurred by the care my child may receive. Any costs will be solely my responsibility.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_