



Enrollment Application

Full Name _____ Today's Date _____
 Birth Date _____ Age _____ Sex _____ SS# _____
 Race/ Ethnicity: Caucasian African American Hispanic Asian other: _____
 Church Affiliation _____ Does the family attend? Yes No
 Physical Address of Child: _____
 State/Zip Code: _____ County: _____
 Height _____ Weight _____ Hair Color _____ Eye Color _____ Build S M L
 Distinguishing Marks _____ Tattoos _____
 Reasons for placement of child with Children's Homes _____

FAMILY INFORMATION

Mother: _____ <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Other	Father: _____ <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Other
Address: _____	Address: _____
State/Zip Code: _____	State/Zip Code: _____
County: _____	County: _____
Home phone: _____	Home phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
DOB: _____ S.S. #: _____	DOB: _____ S.S. #: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Email: _____	Email: _____
Deceased (when, cause) _____	Deceased (when, cause) _____

Military Service _____ Branch _____	Military Service _____ Branch _____
Type of Discharge _____	Type of Discharge _____

Legal Guardian (Person placing child)

Name: _____
 Mailing Address: _____
 DOB: _____
 Social Security #: _____
 Home phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____

MEDICAL HISTORY OF CHILD

Physician: _____ Dentist _____
Address: _____ Address: _____

Work Phone: _____ Work Phone: _____
Last physical: _____ Last exam: _____
Eye Doctor: _____ Other _____
Address: _____ Address: _____

Work Phone: _____ Work Phone: _____
Last exam: _____ Last exam: _____

Insurance: _____ Medicaid #: _____
PASSE: _____ PASSE #: _____

Current diagnosis: _____

Current Medication:

Name _____	Amount _____	Reason _____
Name _____	Amount _____	Reason _____
Name _____	Amount _____	Reason _____
Name _____	Amount _____	Reason _____

___ Allergies (list what child is allergic to): _____

EVALUATIONS THIS CHILD HAS HAD

___ Psychiatric: Where _____ Date _____
___ Psychological: Where _____ Date _____
___ Educational: Where _____ Date _____
___ Neurological: Where _____ Date _____

Comments: _____

CHECK ANY OF THE FOLLOWING THAT APPLY

BATHROOM ISSUES

___ Bedwetting ___ Soils self ___ Runs to bathroom often ___ Holds back
___ Loose bowels

TROUBLE MAKING & KEEPING FRIENDS

___ Feelings easily hurt ___ Bossy with friends ___ Afraid not liked ___ Has no friends
___ Wants to run things ___ Shy ___ Disturbs other children ___ Picks on others
___ Runs around with bad crowd

SIBLING PROBLEMS

___ Feels cheated ___ Means ___ Fighting constantly

OTHER PROBLEMS

___ Runs away ___ Smokes ___ Drug use ___ Alcohol use
___ Steals

EDUCATIONAL HISTORY

Please provide accumulative records for consideration of the appropriate school placement. Thanks.

Child's IQ _____ Current Grade Level _____ Average Grades ___A___B___C___D___F

Primary Type of Classroom

_____Regular _____Self Contained Special Ed (_____# of Students)

Current School _____ Principal: _____

Address _____ Counselor: _____

_____ Phone: _____

Check the following?

___Individual Education plan (IEP) ___504 plan

PERSONS DENIED CONTACT

Name

Address

Phone
