

**Elizabeth Layton Center, Inc.
Child Registration Form**

Child's Legal Name: _____ Sex: Male Female Today's Date: _____
First Middle Initial Last (Circle one)

Other Previous Names: _____ Child's Social Security Number: _____

Address: _____ Age: _____ Date of Birth: _____
Street County City State Zip Code

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Home Telephone () _____
<input type="checkbox"/> Leave msg with appt. time/lab results
<input type="checkbox"/> Leave msg with call-back number only
<input type="checkbox"/> Do <u>not</u> leave msg | <input type="checkbox"/> Work Telephone () _____
Name: _____
<input type="checkbox"/> Leave msg with appt. time/lab results
<input type="checkbox"/> Leave msg with call-back number only
<input type="checkbox"/> Do <u>not</u> leave msg | <input type="checkbox"/> Cell Telephone () _____
Name: _____
<input type="checkbox"/> Leave msg with appt. time/lab results
<input type="checkbox"/> Leave msg with call-back number only
<input type="checkbox"/> Do <u>not</u> leave msg | <input type="checkbox"/> Other () _____
Name: _____
Relationship: _____
<input type="checkbox"/> Leave msg with appt. time/lab results
<input type="checkbox"/> Leave msg with call-back number only
<input type="checkbox"/> Do <u>not</u> leave msg |
|--|---|---|---|

Written Communication: Mail to my home address Mail to my work address Address, if different than above: _____

School Attending: _____ Current Grade Level: _____

Education Completed: (check one)

Not applicable/Not listed below

Preschool

K - 11 (Specify last grade completed _____)

High School Diploma

GED

Enrolled in Post-Secondary Education

Other: _____

Not Attending School

Summer Break

Suspended

Graduated

Working on GED

Expelled

Drop-Out

Special Education: (check one)

Not applicable - Regular Classroom

Regular Classroom with Special Education

Special Education (Type) _____

Home School (not provided by the school district)

Family Physician: _____

Referred to the Clinic by: _____

Child's Substance Abuse History:

Has your child ever had Alcohol or Drug Treatment? No Yes

Inpatient
If yes, what facility: _____

Outpatient
If yes, what facility: _____

Child's Psychiatric History:

Ever sought prior counseling, psychological or psychiatric treatment for your child?

No Yes

Inpatient
If yes, what facility: _____

Outpatient
If yes, what facility: _____

Child's Occupation:

Is the child employed? Yes No

If employed, specify:

Employer: _____

Job Title: _____

Current Residential Setting: (check one)

Homeless

Private Residence

Other Residential Facility
Specify: _____

Jail

Other Institution
Specify: _____

Living Arrangement: (check one)

Live Alone

Live with Relative(s)
Specify: _____

Live with Non-Related Person(s)
Specify: _____

Current Custody:

Child in JJA Custody & Out of Home Placement

JJA Custody & Lives at Home

Under supervision of JJA, but not in their custody

Child in SRS custody and out of home placement

Child in SRS custody and lives at home

Child under SRS supervision, but not in their custody

No JJA or SRS involvement

Sliding Scale Fee Information:

Gross Household Income \$ _____
per month year

of Family Members Dependent on Above Income: _____

Marital Status of the Child: (check one)

Never Married

Married Spouse: _____

Divorced

Hispanic Origin:

Not Hispanic or Latino

Hispanic or Latino

Race:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Other/Unknown

Parent/Guardian Employment: (check one)

Name of Employed Person: _____

Employer: _____

Employer's Phone: _____

How long employed? _____ months years

Household Primary Income Source:

No income

Wages/Salary/Self-Employed (also Worker's Comp)

Public Assistance

Retirement/Pension

Disability

Child Support/Alimony

Unemployment Insurance

Other _____

Office Use Only:

Sliding Scale Fee: _____

Case Number: _____

Admitting Clinician: _____

Custody Evaluation: _____

Client Name: _____

Please complete the following information on your child's involvement with law enforcement/judicial system within the **past 30 days**:

Total number of arrests: _____

Number of adjudicated felonies: _____

Number of adjudicated felonies for property crimes: _____

Number of adjudicated felonies for crimes against persons: _____

Number of adjudicated misdemeanors: _____

Law enforcement contacts: _____

Living With: (Check all applicable)

mother step-mother foster

father step-father foster

grandmother maternal paternal

grandfather maternal paternal

other (specify relationship) _____

other (specify relationship) _____

Name

* Work Phone

Has Legal
Custody

** Work phone numbers are requested in order to be able to contact you with appointment information. If you do not wish to be contacted at work, please do not enter this information.*

If not living with one or both parents, provide information regarding non-custodial parent(s):

Name

City/State

Phone

Mother _____

Father _____

Legal Custody: (In addition to or if none of the above)

Address (Street, City, State, Zip)

Phone

Name _____

Relationship _____

Information Supplied by _____
Who has Legal Custody of the Child (Signature)