

Registration Form for Friends' Club[®] 2010-2011

Child's Name: _____ Birth Date: _____

Please Print Parent's Name(s): _____

Street Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Mom's Work #: _____ Dad's Work #: _____

Email: _____

Circle one:

Carlsbad

Napa

Oahu

Sunshine Coast

Emergency Information:

In case of an emergency I can be reached at: _____

Alternate emergency name (& relationship) and phone number: _____

Doctor's name, city & phone number: _____

My child takes the following medications (names and dosages): _____

My child has the following allergies and/or health issues that C.A.S.E., Inc. needs to be aware of:

Financial Responsibility

I have received the Friends' Club[®] Handbook & understand that initialing here indicates that I have read and agree to comply with the policies therein regarding absences, fees, and proper notification of taking my child out of Friends' Club[®]. **Parent's**

Initials: _____

Photography/Publishing Release (if in agreement, please initial below)

I give permission for Cynthia La Brie Norall, Ph.D. or her staff to videotape group sessions for the purposes of training and parent review. **Parent's Initials:** _____

***Note:** Due to issues of confidentiality, parents are not allowed to take pictures of therapy groups.

I give permission for Cynthia La Brie Norall, Ph.D. to share my child's name, address, and phone number only with other parents in my child's group when requested. **Parent's**

Initials: _____

Parent's signature: _____ Date: _____