

# Five Star Kids

## REGISTRATION FORM

The information you are providing is confidential and will help our staff make your family's experience a nurturing and healing one. Please add any other important information on an additional piece of paper.

Child(ren)'s name	Age	Gender	Date of Birth	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name(s) of supportive adult(s) who plan to attend the program on Saturday \_\_\_\_\_

**GROUP AREA PREFERRED**

Fort Worth       Irving

Is there family history of alcoholism and/or other drug addiction? Please list person and their addictions: \_\_\_\_\_

Is the child aware of the family member/members addiction? \_\_\_\_\_

Are any family members in recovery? \_\_\_\_\_ If so, how long? \_\_\_\_\_

If parents are separated or divorced, who is the custodial parent? \_\_\_\_\_

If divorced, does the divorce decree require both parents' consent for mental health services?  Yes  No

How frequent is visitation with the non-custodial parent? \_\_\_\_\_

Please describe any current civil or criminal legal issues. \_\_\_\_\_  
\_\_\_\_\_

Describe any history or fear of abuse or incest? \_\_\_\_\_  
\_\_\_\_\_

Describe any problems your child(ren) is having in school? \_\_\_\_\_  
\_\_\_\_\_

Does the child(ren) have health (medical or emotional) issues?  Yes  No  
If so, please describe: \_\_\_\_\_

Is he/she currently taking any medication?  Yes  No  
If so, what type? Please explain what for: \_\_\_\_\_  
\_\_\_\_\_

Will your child(ren) need to take this medication during the program?  Yes  No

Does the child(ren) have stomachaches, headaches or sleeping or eating problems? \_\_\_\_\_  
\_\_\_\_\_

Have there been any major life changes within the past year for your child(ren)? (death, separation, moves, etc...) Please describe: \_\_\_\_\_  
\_\_\_\_\_

Please describe any additional concerns you have about your child(ren) \_\_\_\_\_  
\_\_\_\_\_

Has your child(ren) ever participated in a support group or counseling?  Yes  No

What type/where? \_\_\_\_\_ When? \_\_\_\_\_  
*\*If you would like us to release any information to this practitioner, you will need to complete a "Release of Information" form.\**

What are your expectations of the Five Star Kids program? \_\_\_\_\_  
\_\_\_\_\_

Other comments you would like Five Star Kids staff to know to better assist your child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will you and your child(ren) be staying during the program? (if different from permanent address) \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

If the above address is temporary, please list another address, email, and telephone number where we can mail newsletters, invitations and other periodic mailings to child(ren) after program: \_\_\_\_\_  
\_\_\_\_\_

## FEES AND SCHOLARSHIPS

The Betty Ford Center Five Star Kids program is a non-profit entity and seeks to provide services to all children impacted by a family member's alcoholism and other drug addiction regardless of ability to pay.

The cost for the program is \$400 per child. We ask that you pay as much of the fee as you are able so that we can continue to provide this needed program to other families.

A non-refundable \$25 registration fee is required in order to reserve a space in group for your family.

Payment may be made by enclosing a check or money order with this registration form or by calling ahead with credit card information. Please make checks payable to The Betty Ford Center.

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### ENCLOSED PAYMENTS:

\_\_\_\_\_ \$25 Registration Fee per family

\_\_\_\_\_ \$400 per child

\_\_\_\_\_ I would like a partial scholarship. I am able to pay \$\_\_\_\_\_ per child.

\_\_\_\_\_ I need a full scholarship

Total Enclosed:            \$\_\_\_\_\_

BETTY FORD CENTER  
*PART OF THE HAZELDEN BETTY FORD FOUNDATION*  
Five Star Kids  
1320 GREENWAY DRIVE, SUITE 100, IRVING, TEXAS, 75038  
(972) 753-0552 ♦ (972) 751-0363 Metro ♦ (972) 753-0001 Fax

**BETTY FORD CENTER**  
*PART OF THE HAZELDEN BETTY FORD FOUNDATION*

**Five Star Kids**

**CONSENT/RELEASE/WAIVER**

PLEASE PRINT: MR./MRS./MS. \_\_\_\_\_  
LAST FIRST MIDDLE

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

NAME OF CHILD(REN): \_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

\*If divorced, does the divorce decree require both parents' consent for mental health services?  Yes  No

**CONSENT FOR PROGRAM PARTICIPATION**

I agree and am authorized to give consent for my child(ren) to participate in the Betty Ford Center Five Star Kids program. I understand that they will participate in recreational and educational activities to learn about alcohol and other drug addictions. I also understand that lunch and snack will be provided each day. INITIAL HERE \_\_\_\_\_

**PERMISSION FOR POST GROUP COMMUNICATION**

I agree to be contacted personally or have my child(ren) contacted by phone, email, or mail for the purpose of follow-up communication by Betty Ford Center Five Star Kids program volunteers/staff. It is my understanding that all names and records will be held confidential. INITIAL HERE \_\_\_\_\_

**TRANSPORTATION RELEASE**

I give the Betty Ford Center full permission to transport me and/or my child(ren) to and from activities scheduled during the Betty Ford Center Five Star Kids program. I release the Betty Ford Center and any of its employees/contract staff from any liability that might arise as a result of the transportation, including but not limited to any liability for personal injury to me or my child(ren) resulting from any accident during the trip. INITIAL HERE \_\_\_\_\_

**WORK PRODUCT RELEASE AND WAIVER**

I give the Betty Ford Center full permission to use, publish and copyright any drawings, writings, or stories created by me and/or my child(ren) or any part thereof, without using my and/or my child(ren)'s name, and to make changes or alterations therein and/or additions thereto for publication. INITIAL HERE \_\_\_\_\_

**PHOTO CONSENT**

I agree to allow my child(ren) to be photographed during their participation in the Betty Ford Center Five Star Kids program. I understand that any photograph taken of my child(ren) may be used in printed materials used for program publicity and hereby release the Betty Ford Center Five Star Kids Program from any liability as a result. I further understand that my anonymity may be compromised as a result. INITIAL HERE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_