THE RENAISSANCE CENTRE CHILD INTAKE INFORMATION

Please print your res	ponses:				
Name of Child:	Last	First	Middle		
Address of Child:		FIISt	Middle		
	Street	City/S	City/State Zip		
Sex: Age of Child:		Grade: Da	Grade: Date of Birth:		
School Child Attends:			SSN:		
Name of Person filling out form:		Relation to Child:			
Name of Parent(s)/Gu	uardian:				
_	Street	City/S	tate	Zip	
Referral Source :		Marital Status	Marital Status of Parents:		
(How did you hear al					
Father/Guardian Date of Birth:		Mother/Guardian Da	Mother/Guardian Date of Birth:		
Employer (Father/Guardian)		Employer (Mother/0	Employer (Mother/Guardian)		
Father/Guardian Soc Sec #:		Mother/Guardian Soc Sec #:			
Phone: Home:		Work:			
Cell:		E:mail			
Alternate #:		(name)			
If we need to reach ye	ou by phone, can we leav	ve a message at: Home	Work Cell (ci	rcle if "yes")	
Problems or concerns	s:	Ch	ild's Physician:		
List person(s) who ca	n access your account in	nformation:			
Health Company(Pri	mary):				
Insured's Name:		SSN:	Birthdate:		
Health Insurance Con	mpany (Secondary, perl	naps spouses coverage):			
Insured's Name:		SSN:	Birthdate:		
necessary to expedite an charges, regardless of in	nd support any insurance c nsurance coverage. I autho I even though therapy is co	information obtained during tro laims on this account. I understa rize the payment of benefits othe onfidential, there are specific circ	and that I am responsible rwise payable to me, dir	for all ectly to this	
Client's/Parent's/Guardian's Signature			Date		
Spause Signature If An	mlicable		Data		