

Confidentiality Notice: Federal & State regulations require that all information contained in this document be treated as *CONFIDENTIAL*.

THE HOUSE NEXT DOOR

Program & Site: The Homework Club, 422 N. Delaware, DeLand.

Client Name: _____ Today's Date: ____/____/____
Last *First* *MI*

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Sex: Male Female Race: Bi-Racial Black Hispanic White Other _____

If client is a minor, print name of parent/guardian: _____

Mailing Address: _____

Email Address: _____

Home phone #: (____) _____ - _____

OK to contact at home or leave a message? Yes No What hours?: _____

Annual Household Income rounded off to closest thousand: _____ # of people in the household: _____

Please list the members in our household currently:

First Name	Last Name	DOB	Sex	Relationship

Please check the family structure that best describes your home:

Biological family Step-parent family Single parent family Other (specify): _____

Marital Status: Never Married Married Divorced Separated Widowed

Employer/School: _____ Occupation: _____

Work phone #: (____) _____ - _____ Ok to contact at work? Yes No When? _____

Person to be contacted in an emergency: _____ Phone #: _____

Have you, or any member of your immediate family:

1) Ever been in a House Next Door program before? _____

2) Ever been in counseling? _____

If yes, type of program and where ? _____

Who referred you to The House Next Door?

Do you wish to be on The House Next Door's mailing list? Yes No

CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Client/Parent signature: _____

The House Next Door Homework Club Participant Information

Child's Name: _____ Age: _____

Who should we contact in case of an emergency?:

Name: _____ Phone: _____

Driver's License Number: _____

Contact if they are not available: _____ Relationship: _____

Phone: _____ Driver's License Number: _____

My Child has permission to walk home after the program ends, daily:

Parent : _____ Date: _____

Does your child have any (if you answer "Yes" to these questions, please let us know what they are.)

Allergies? Y / N _____

Medical Issues? Y / N _____

Special Dietary Needs? Y / N _____

Any Special Needs that we are unaware of? _____

Medical Release and consent for treatment: In the event of injury or other conditions arising from activities while participating at The Homework Club, which necessitates emergency medical treatment for the minor name above, I do hereby give consent and permission in my absence for any treatment, which may be needed, as called for by the circumstances.

Signature of Parent of Guardian: _____ Date: _____

Photo Release: I understand that my child may be photographed at The Homework Club and that their pictures may appear in House Next Door publications, etc.

Signature of Parent of Guardian: _____ Date: _____

Confidentiality Notice: Federal & State regulations require that all information contained in this document be treated as CONFIDENTIAL.