

# Connections Counseling, LLC

Shawna Ragan, MSCP, LPC, LCPC, SEP  
 741 Sesame St., Suite 1B  
 Anchorage, AK 99503  
 T: 907.231.1243 F: 907.561.0551

## CHILD REGISTRATION FORM

(Please Print)

Today's Date \_\_\_/\_\_\_/\_\_\_

Client ID \_\_\_\_\_

CLIENT INFORMATION							
<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Social Security Number</b>	
<b>Other Names Used</b>			<b>Birth Date</b>	<b>Age</b>	<b>Female</b>		<b>Sexual Orientation</b>
					<b>Male</b>		
<b>Ethnicity</b>				<b>Email:</b>			
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Primary Phone</b>
							<b>Message? Y / N</b>
<b>Mailing Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Secondary Phone</b>
							<b>Message? Y / N</b>
<b>Employer</b>				<b>Occupation</b>			
<b>Emergency Contact</b>		<b>Relationship</b>		<b>Phone Number(s)</b>		<b>How did you hear about us?</b>	
MOTHER/FATHER/GUARDIAN INFORMATION							
<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Relationship To Client</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Phone</b>
							<b>Message? Y / N</b>
<b>Mailing Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Email:</b>
<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Relationship To Client</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Phone</b>
							<b>Message? Y / N</b>
<b>Mailing Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Email:</b>