

Children in Between Class
Intake Form 2019

General Information

Registration Date: ____ / ____ / ____

Children in Between Class Date: ____ / ____ / ____

Last Name: _____ First Name: _____ MI: _____

DOB: ____ / ____ / ____

Referred by:

Sex:

- Self
- Court Ordered Attorney
- Other _____

- Family/Friend
- Mental Health Provider

- Male
- Female

Race:

Marital Status:

What is your level of education?

- Caucasian
- Black/African American
- Hispanic/Latino
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Bi-Racial
- Other _____

- Divorcing
- Separated

- 9th to 12th grade (non HS grad)
- HS graduate/GED
- 12th grade + some college
- Junior College
- Vocational/Technical
- Graduate degree

Address/Phone/Email:

Street Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Email: _____

Family Member Information:

Children: First Name _____ Age: _____

Children: First Name _____ Age: _____

Children: First Name _____ Age: _____

Children: First Name _____ Age: _____

Children: First Name _____ Age: _____

Children: First Name _____ Age: _____

PAYMENT METHOD: (No Personal Checks) \$50.00 -- PAYABLE IN ADVANCE/ONLINE/AT CLASS

- CASH
- CREDIT CARD
- DEBIT CARD