



Randi's House of Angels
Randi's KIDz Club Application Form
(January 11- March 15, 2018)

IDENTIFYING INFORMATION

Child's Name: _____ Sex: (M) ____ (F) ____

DOB: _____ Age: _____ Current School and Grade: _____

Parent/Legal Guardian Name: _____ Relationship to Child: _____

Current Phone Number: _____ Safe To Call ____ Safe To Leave a Message _____

Cell Phone: _____ Safe To Call ____ Safe To Leave a Message _____

Work Phone: _____ Safe To Call ____ Safe To Leave a Message _____

Does child live with Parent/Legal Guardian? _____

If not, with whom does child live with: Name? _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

In case of an emergency, please indicate two safe phone numbers you can be reached at during group hours:

1. _____ 2. _____

Please give permission below if any other person beside yourself will be picking up your child from group.

I give permission for (Name) _____ to pick up my child from group.

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY

Does your child have any allergies that you are aware of (i.e. latex, peanut, soy, etc.)? _____
_____.

Does your child have any medical conditions that would affect his/her involvement in group (i.e. Asthma)?

MENTAL HEALTH AND/OR MENTAL RETARDATION HISTORY

Please check below any that apply to your child.

_____ Anxiety Disorders: Please describe _____

_____ Autism Spectrum Disorder: Please describe _____

_____ ADHD

_____ Chronic Tic Disorder

_____ Depression

_____ Eating Disorder: Please describe _____

_____ Self-Harm: Please describe _____

_____ Encopresis

_____ Enuresis

_____ Oppositional Defiant Disorder

_____ Post-Traumatic Stress Disorder

_____ Other: Please describe _____

LIVING ARRANGEMENTS

List all members of your household presently and indicate their relation to your child: _____

DEFENDANT'S INFORMATION

Defendant's Name: _____

Child's Relationship to Defendant: _____

Custody Agreement: _____

Name(s) of persons restricted from custody of child: _____

Note: If a parent is listed, a court order or Protection from Abuse must be attached

What abuse has your child witnessed?

What type of behaviors does your child display?

How has your child been feeling (emotionally)?

Has your child ever been abused? (Mental, Physical, or Sexually) _____

By Whom? _____ has a report been made with C&Y? Yes ___ No ___

What county & state _____ Caseworker _____

I release the information in this application to the Randi's KIDz Club selection committee which is a part of Randi's House of Angels.

_____/_____
Parent/ Legal Guardian *Relationship to child* *Date*