

Guardian Information

Registration Date: _____

Guardian 1 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Guardian SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed

Other _____

Guardian 2 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Guardian SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed

Other _____

Senior Information

First Name: _____ M.I. ____ Last Name: _____

Name prefers to be called: _____ Age: _____

Senior's Address: _____

Gender: Male Female Date of Birth: _____ Senior S.S. #: _____

List any existing medical conditions, medication, and/or special attention your senior may require?

Allergies: _____

Doctors' Name: _____ Phone: () _____

Address: _____

Consent to treat in emergency? Yes No

Power of Attorney? Yes No

Photographs: May we take and maintain a photo of your senior for security purposes? Yes No

Adult Information - Continued

2nd Senior First Name: _____ M.I. _____ Last Name: _____

Name prefers to be called: _____ Age : _____

Senior's Address: _____

Gender: Male Female Date of Birth:

List any existing medical conditions, medication, and/or special attention your senior may require?

Allergies: _____

Doctor's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your Senior for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Client:

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Able to pick up all persons in the family

Not able to pick up the following person: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the client: _____

Not able to pick up the following person: _____

TLC has given client a copy of policy and procedures.

Tuition / Payment Information:

Current Tuition Amount: _____ [] Monthly cash, check or credit/debit card _____

Please outline below whom is responsible for payment of tuition and fees.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Guardian's Signature: _____ Date: _____

Privacy and confidentiality: The Staff observes the intent and regulations of the Health Information Privacy and Portability Act (HIPPA Privacy and confidentiality)

Thank You!