

Adopt America Network

Special Children Deserve Special Families



Child Registration Form

Date: _____

Child's Name: _____

D.O.B. _____ M/F _____

Race: _____ Religion: _____

Subsidy: _____ Travel Reimbursement: _____

Legally Free for Adoption?: _____

Total Time in Care?: _____

Can Children be Placed Out-of-State/Any Geographic Restrictions?: _____

Are Any Siblings Involved?: _____

Visitation and/or Contact with:

_____ Bio Parents _____ Foster Parents
_____ Siblings _____ Grandparents
_____ Other Relatives

Type of Family Being Sought:

Any Interested Family Older Children-Preferred
Two Parent Younger Children-Preferred
Single Parent No Children in Home
Other _____

Agency: _____

Agency Address: _____

Agency Phone: _____

Agency Fax: _____

Worker Name: _____

Worker Phone: _____

Worker e-mail: _____

Please Attach or Enclose
Most Recent Photo

Any other additional information that would be helpful in searching for a family: _____

Worker: Please check and sign for permission to feature this child in any or all recruitment events available:
_____ Adopt America Newsletter/Flier; _____ Radio; _____ T.V.; _____ Newspaper;
_____ Internet Web Page; _____ Magazine; _____ Recruitment Events

Worker Signature: _____

Please complete the back page of this form

Please Check All That Apply:

ADD
ADHD
Adjustment Disorder
AIDS/HIV
Animal Abuse
Anxiety Disorder
Asthma
Attachment Disorder
Autism
Bi-polar
Blind
Cerebral Palsy/Mild
Cerebral Palsy/Moderate
Cerebral Palsy/Severe
Conduct Disorder
Deaf
Depression
Developmental Delays
Diabetes
Down Syndrome
Drug Exposed
Eating Disorders
Emotional - Mild
Emotional - Moderate
Emotional - Severe
Encopresis

Enuresis
Epilepsy
Failure to Thrive
Fetal Alcohol Syndrome
Fire Starter
Heart Murmur
Hydrocephalic
Hyperactivity
Learning Disability
Legal Risk
Macrocephalic
Mental Retardation/Mild
Mental Retardation/Moderate
Mental Retardation/Severe
Microcephalic
Missing Limbs
Mood Disorder
Muscular Dystrophy
Non-Ambulatory
Non-Verbal
Obsessive Compulsive Disorder (OCD)
Oppositional Defiant Disorder (ODD)
Paralysis
Physically Abused
Physically Aggressive
Post Traumatic Stress Disorder (PTSD)

Quadruplegia
Reactive Attachment Disorder (RAD)
Run Away
Schizophrenia
Scoliosis
Seizures
Self Abusive
Sexually Abused
Sexually Acting Out
Shaken Baby Syndrome
Sickle Cell
Spina Bifida
Terminal Illness
Total Care
Tourette Syndrome
Trach
Tube Fed
Other Conditions, Syndromes, Problems
Please List: _____

Profile of Child: (Child's personality, interests, hobbies, etc. Please include physical, mental or emotional challenges): _____

Please mail (do not fax) this form to: **Adopt America Network**
1500 N. Superior St., Ste. 303, Toledo, Ohio 43604