

Child Registration Form

Date:___

		Agency:
D.O.B	Gender	
Race:	Religion:	Agency Address:
Subsidy:Travel	Reimbursement:	
Legally Free for Adoptio	n?:	Agency Phone:
Гotal Time in Care?:		Agency Fax:
		Worker Name:
Can Children be Placed Out-of-State/Any Geographic Restrictions?:		Worker Phone:
Are Any Siblings Involved?:		Worker e-mail:
Visitation and/or Contact with:		County:
Bio Parents	Foster Parents	
Siblings	Grandparents	
	Other Relatives	
Гуре of Family Being So	ught:	
	□ Older Children-Preferred	
	☐ Younger Children-Preferred	
	□ No Children in Home	
Other		
Any other additional info	rmation that would be helpful in sea	rching for a family:
my other additional mio	ination that would be neight in sea	rolling for a falling.

__Magazine; _____

______ Internet Web Page; ______

Worker Signature:

Recruitment Events

Please Check All That Apply:		
	☐ Enuresis	□ Quadriplegia
	□ Epilepsy	☐ Reactive Attachment Disorder (RAD)
☐ Adjustment Disorder	☐ Failure to Thrive	□ Run Away
□ AIDS/HIV	☐ Fetal Alcohol Syndrome	☐ Schizophrenia
☐ Animal Abuse	☐ Fire Starter	☐ Scoliosis
☐ Anxiety Disorder	☐ Heart Murmur	☐ Seizures
□ Asthma	☐ Hydrocephalic	☐ Self Abusive
☐ Attachment Disorder	☐ Hyperactivity	☐ Sexually Abused
□ Autism	☐ Learning Disability	☐ Sexually Acting Out
□ Bi-polar	☐ Legal Risk	☐ Shaken Baby Syndrome
□ Blind	☐ Macrocephalic	☐ Sickle Cell
☐ Cerebral Palsy/Mild	☐ Macrocephane ☐ Mental Retardation/Mild	☐ Spina Bifida
☐ Cerebral Palsy/Moderate		
	☐ Mental Retardation/Moderate	☐ Terminal Illness
☐ Cerebral Palsy/Severe	☐ Mental Retardation/Severe	☐ Total Care
☐ Conduct Disorder	☐ Microcephalic	☐ Tourette Syndrome
□ Deaf	☐ Missing Limbs	☐ Trach
☐ Depression	☐ Mood Disorder	☐ Tube Fed
□ Developmental Delays	☐ Muscular Dystrophy	☐ Other Conditions, Syndromes, Problem
☐ Diabetes	☐ Non-Ambulatory	Please List:
☐ Down Syndrome	□ Non-Verbal	110000 21000
□ Drug Exposed	☐ Obsessive Compulsive Disorder (OCD)	
☐ Eating Disorders	□ Oppositional Defiant Disorder (ODD)	
□ Emotional - Mild	□ Paralysis	
☐ Emotional - Moderate	☐ Physically Abused	
☐ Emotional - Noderate	☐ Physically Aggressive	
☐ Encopresis	☐ Physically Aggressive ☐ Post Traumatic Stress Disorder (PTSD)	
Profile of Child: (Child's perschallenges):	conality, interests, hobbies, etc. Please include pl	hysical, mental or emotional
		NATION AND ADDRESS OF THE PROPERTY OF THE PROP
