



## Registration

Client Name \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Message OK? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_ Email OK? Yes \_\_\_ No \_\_\_

Date of Birth \_\_\_\_\_ Health Card Number \_\_\_\_\_

Client Marital Status \_\_\_\_\_ Gender [ ] Male [ ] Female

Employer or School \_\_\_\_\_

Client Employment Status \_\_\_\_\_

Referred by: Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Google  MeetUp  School  Flyer Other Advertising: \_\_\_\_\_

\_\_\_\_\_  
**Client's Signature (or parent/guardian/responsible party)** **Date**

\_\_\_\_\_  
**Witness Signature** **Date**