**Adventure Therapy Program Family Information Sheet**

Please circle which event you are attending: April 21 June 2 July 28 September 15 October 13 November 17

**Parent/Guardian Info**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **DOB:** |  | **Name** |  | | **DOB:** |  |
| **Employer** |  | | | | **Employer** |  | | | |
| **Case Address** |  | | | | **Case Address** |  | | | |
| **Phone# (h,c,w)** |  |  | | | **Phone#**  **(h,c,w)** |  |  | | |
| **Relationship** |  | | **Male Female** | | **Relationship** |  | | **Male Female** | |

**Children/Youth Info**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **DOB:** |  | **Name** |  | **DOB:** |  |
| **School** |  | | | **School** |  | | |
| **Address** |  | | | **Address** |  | | |
| **Relationship** |  | | | **Relationship** |  | | |
|  |  | | |  |  | | |
| **Name** |  | **DOB:** |  | **Name** |  | **DOB:** |  |
| **School** |  | | | **School** |  | | |
| **Address** |  | | | **Address** |  | | |
| **Relationship** |  | **Male Female** | | **Relationship** |  | **Male Female** | |

**Referral Made by:**

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Phone# |  |