

Copy and paste application to your Email complete and send to [tom.tatum@ymail.com](mailto:tom.tatum@ymail.com)

## Intake Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Please \* your preferred phone for scheduling

Email \_\_\_\_\_

How did you hear about the Center \_\_\_\_\_

Tell us about your child and your concerns

Does your child have Allergy, Custody, Mobility Behavioral issues

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

We must have your child's current immunization record to evaluate and treat. please bring a copy to your first appointment.

Date received and entered to waiting list \_\_\_\_\_

Contact attempts \_\_\_\_\_

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## Clinic Policies

### Observation

Children may be periodically observed by visitors, approved by the Director.

### Photography/Videography

Children may be photographed and or Videotaped for educational and/or publicity purposes.

### Services

Services are provided to all clients at the sole discretion of the Director. Clients and families are expected to comply with request and direction given by Center staff while at the Center.

Children will be released only to the person who brought them unless written permission by the guardian/parent and photo identification is provided to the Director.

Staff and volunteers are empowered with the responsibility to protect life and welfare of a child at the Center if an emergency should occur.

### Privacy

The Center adheres to HIPAA standards for information protection and release.

The Center will not release information regarding schedule and attendance without signed consent.

### Attendance

Clients will have regular and prompt attendance for all sessions. Client's poor attendance or failure to notify about cancellation may result in dismissal at the sole discretion of the Director and/or the Board of Directors.

### Donation

The Center provides services at no charge. Clients and families may be contacted and/or encouraged to participate in our fund raising efforts.

Parent \_\_\_\_\_ Date \_\_\_\_\_