Handitots Pre-Registration Form

First Name: _____

Last Name: _____

Date of birth: (mm/dd/yyyy) ____/____/____ Gender: __Male __Female

Parent/Guardian information:

First Name: _____

Last Name: _____

Email: _____

Phone number:(___)_____

Preferred way to contact: Email_____

Phone call_____

Text_____

Home Address: _____

_____

Clients Primary Diagnosis: _____

Interested Attendance: Full Time_____ Part Time_____

How did you hear about us? _____

Handitots