

JOYFUL HEART TRAINING CENTER
REGISTRATION FORM

Client Legal Name _____

Address _____

City _____ State _____ Zip _____

Ph #: _____

Social Security #: _____

Sex (M / F) Race: White Black Hispanic Asian/ Pacific Native American Multi-racial

Birthdate _____ Birth City/ State _____

Name and address of last school attended _____

Father's Name _____ Workplace _____ Work Ph #: _____

Mother's Name _____ Workplace _____ Work Ph #: _____

Others client lives with _____

Please list below any other persons that have permission to check him/her out in case of an emergency/ illness, etc. (PHOTO I.D.'s will be required from person checking out a client). In order to release a client to another adult, the school MUST have written or verbal permission from the client's parent/ guardian:

Name: _____ Phone #: _____ Relation _____

Name: _____ Phone #: _____ Relation _____

Please keep the office updated with current phone numbers and addresses in case we need to contact you.

I, _____ hereby give permission for _____
to be treated in a medical emergency if I cannot be contacted within a reasonable time.

Signature of caregiver _____

Sworn and subscribed before me this ___ day of _____, 20__

Signature of Notary Public – State of Florida

Print, type or stamp Name of Notary Public

___Personally known ___Produced Identification