



Enrollment Form



Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Your relationship to the child(ren) listed below: _____

List all the children you would like to enroll (age 5 through 11):

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

Child(ren)'s mailing address/phone if different from yours:

Address: _____

City: _____ Zip: _____ Phone: _____

Why do you want you child(ren) in the Kidz Lift! Program?

What, if any, behaviors are you seeing in your child(ren) that are of concern to you? (e.g., unexpressed feelings, aggressive behavior, withdrawal):

When did these behaviors start? If recently, were they *un*characteristic of your child(ren) before that time?

What help, if any, are you getting (or have you gotten in the past) for you and/or your child(ren)? (include counseling, divorce recovery, or other support groups, school counselors/teachers, professional diagnosis of ADHD or other learning disability, medications, etc.)

Are you currently married? Yes No

If yes, tell your spouse's name and briefly describe your relationship, particularly as it affects your child(ren) (e.g., loving and close, strained, dad is never around, mom is an alcoholic):

If no, describe your ex-spouse's relationship to you and your child(ren) (e.g., friendly, hostile, sees or doesn't see child regularly):

Will you commit to bring your child to Kidz Lift! regularly? Yes No

Please provide any other information that you feel important for us to know:

Please be advised that the Kidz Lift! program is a support group program only. It is not therapy, nor a substitute for therapy, in any way. Our leaders are volunteers, not trained counselors. All information given by both parents and children will be held in strict confidence. Information shared by children in confidence will not be passed on to adults outside the leadership of the Kidz Lift! program, except as deemed necessary by the Kidz Lift! program administrators to ensure the health and safety of the child.

Having fully read the above and understanding it fully, I hereby authorize my child(ren) to be enrolled in the Kidz Lift! program.

Signature: _____ Date: _____