



Children & Family Services • Behavioral Health • Education • Advocacy

Group Registration
Tim in, Outdoors
Spring Break, 2017
Fee: \$275/ per youth

Please fill in EVERY BLANK on this form. Write "None" if applicable.

GENERAL INFORMATION

Participant's name:
Street Address:
City/State/Zip: Phone
School Attending Current grade: Date of Birth
List any allergies:
List any special needs of youth (health, communication, physical etc.):

FAMILY INFORMATION (Participant lives with the following adults)

Table with 4 columns: Name, Relationship, Phone #, and three adult columns (Adult 1, Adult 2, Adult 3).

Reasons for referral to group (court involvement, presenting behaviors):

Any other information necessary that may not be provided:

FOR PLACING AGENCIES (Please complete the following)

Name of Agency: Contact Person:
Phone: E-mail address:

Fax this form to (434)220-7113 Attention: Liz Knotts
or scan and e-mail to eknotts@elkhill.org