



Charis Counseling Center

CHRISTIAN COUNSELING SERVICES

407 North Cedar Ridge Dr., Ste 200 | Duncanville, TX 75116
Phone: (972) 283.9282 | Fax: (972) 283.9237
chariscounseling@aol.com
www.charis-counseling.com

Application For Enrollment

Please complete each section using BLOCK LETTERS and black ink.

Section 1: CHILD'S PERSONAL DETAILS

Child's Name:		Date of Birth:	
Gender: <input type="radio"/> Male <input type="radio"/> Female		Place of Birth:	
Nationality:	School/College:	Class:	
Home Address:			
Guardian's Contact Information		Name:	Relationship:
Mobile:	Residence:	Other:	

Name's of any siblings currently/previously enrolled in program:

Primary Language(s) (spoken at home):	1.	2.
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Section 2: PERSONALITY & HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem(s) requiring special attention:

Section 3: INSURANCE INFORMATION

Name of Insurance Provider:	Phone:
Insurance Member Id#:	Group#:

Section 4: PARENT/GUARDIAN INFORMATION

Guardian Name:	<input type="radio"/> Employed	<input type="radio"/> Unemployed
Job Title:	Place of Employment:	
Office Phone (Ext):	Fax:	Email:
Office Address:		
Supervisor	Name:	Phone:

Guardian #2 Name:		<input type="radio"/> Employed	<input type="radio"/> Unemployed
Job Title:		Place of Employment:	
Office Phone (Ext):	Fax:	Email:	
Office Address:			
Supervisor	Name:	Phone:	

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I understand and agree to abide by all center rules, and understand that a lack thereof, or repeated disruptive behavior will result in termination. I also acknowledge that while the center does it's best to ensure the safety of each child's life, health and property, the center can not be held responsible for any event or damage to property.

Parent/Guardian (Print Name)

Signatory's Relationship with Child

Signature of Parent/Guardian

Date