

Office Use Only
Date: _____
Appt.Date: _____
%: _____
Rethink: _____
Service: _____
Start Date: _____



Sarah Ashe, Director
(706 437-0505)

P.O. Box 1066
Waynesboro, Ga. 30830

INQUIRY FORM:
(The parent or guardian should complete this form)

I. General Information

Child's Name: _____
 Date of Birth: _____ Age: _____ Gender: Female Male Race: _____
 Parent/Guardian: _____
 Address: _____ City/State/Zip: _____
 County child lives in: _____
 Phone: Home: _____ Work: _____ Cell: _____
 May we leave a voicemail/Text message regarding your services at CFNB? Yes/No
 Insurance: _____
 Emergency Contact: _____ Phone: _____
 Relationship to child: _____

Additional Information

Email address: _____
 Would you like to receive email updates from CFNB? Yes/No
 Who referred the child to CFNB: _____
 Current Custody Status: Parents Sole Parental Custody Joint Legal Custody
 DSS Custody Other: _____
 Child Lives with: Mother Father Both Parents Other _____
 List anyone who may be bringing/picking up your child: _____
 List anyone who may NOT pick up your child: _____
 Diagnosis: _____

School Information:

School/Daycare: _____ Grade: _____
 Teacher's Name: _____
 Does the child have an IEP or 504 Plan in place: Yes/No
 Please list ALL allergies, food restrictions and medical concerns:

II. Check from the list of Services that you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Play Group (Ages 2-5) | <input type="checkbox"/> Individual Teaching Time/ABA |
| <input type="checkbox"/> Social Groups (Grades K-12) | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Life Skills Group (Ages 12 & up) | <input type="checkbox"/> Consultation: Behavior/Educational |
- Private Therapy Services: Speech Occupational Physical

Primary Areas of Concerns:
