GROUP DYNAMIC inc.

Personal & Social Growth Through Activity Groups

Meeting Form

_____   _____   _____   _____

Child's name   Date of birth   Age   Grade

_____

Address (street, city, state, zip)

Mother: _____

(_____) _____   (_____) _____

Phone (home)   Phone (work)

(_____) _____   _____

Phone (cell)   email

Father: _____

(_____) _____   (_____) _____

Phone (home)   Phone (work)

(_____) _____   _____

Phone (cell)   email

Each child's personality and issues are influenced by various factors such as <u>home & family environment</u>, <u>school & social environment</u>, <u>medical and/or psychological conditions</u>, and <u>events that have taken place in the child's life</u>.

Considering these factors (and any others that are relevent), please describe your child (including strengths, weaknesses, & areas of concern) in regard to your interest in Group Dynamic. Also include any medical diagnoses (ADD/ADHD, etc.)

Feel free to use the back of this form or additional paper if necessary.

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