



Aligned Clinical & Educational Services (ACES), PLC
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ACES CHILD REGISTRATION FORM

Child's Information	
Client Name:	
Client Date of Birth:	Client Gender:
Current School:	Current Grade:
Address:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to say
Preferred Language: <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> English <input type="checkbox"/> Cued English <input type="checkbox"/> Other: _____	Appointment Reminders: <input type="checkbox"/> Yes, sent to my Email <input type="checkbox"/> Yes, texted to my mobile phone <input type="checkbox"/> No reminders
Legal Guardian/Parent #1	
Legal Guardian/Parent #1 Name:	
Relationship to child (parent, grandparent etc.):	
Address (or check if it's the same address as the client): <input type="checkbox"/>	
Primary Phone #:	Email:
Legal Guardian/Parent #2	
Legal Guardian/Parent #2 Name:	
Relationship to child (parent, grandparent etc.):	
Address (or check if it's the same address as the client): <input type="checkbox"/>	
Primary Phone #:	Email:
Emergency Contact 1	
Emergency Contact #1 Name:	
Relationship to child (parent, grandparent etc.):	
Contact phone #1:	Contact phone #2:

Emergency Contact 2	
Emergency Contact #2 Name:	
Relationship to child (parent, grandparent etc.):	
Contact phone #1:	Contact phone #2:

ELECTRONIC MESSAGES

I consent to receive electronic messages/appointment reminders/cancellations (Check all that apply):

- Via email
- Via text message
- Via Patient Portal
- I do not consent to electronic messages/appointment reminders/cancellations

Client / Patient / Legal Guardian Signature

Date

Printed Name of Client / Patient / Legal Guardian

Date

If signed by a legal representative, please indicate your relationship to the client:

- Parent
 Legal Guardian
 Other: _____