



## **Trauma Informed Parenting Group Registration Form**

**Parent Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Age:** \_\_\_\_\_

**Child Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Referring Party:** \_\_\_\_\_

**Parenting Concerns:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Previous therapeutic experiences of child/family:** \_\_\_\_\_

**Please check all concerns that may apply to your child:**

- |                                                  |                                                                |
|--------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> high sensitivity        | <input type="checkbox"/> anxiety                               |
| <input type="checkbox"/> irritability            | <input type="checkbox"/> depression                            |
| <input type="checkbox"/> self-injurious behavior | <input type="checkbox"/> hyperactivity/ADHD symptoms           |
| <input type="checkbox"/> tantrums                | <input type="checkbox"/> sleep problems/nightmares             |
| <input type="checkbox"/> defiance                | <input type="checkbox"/> victim of sexual abuse/physical abuse |
| <input type="checkbox"/> demanding               | <input type="checkbox"/> exposed to domestic violence          |
| <input type="checkbox"/> sexualized behavior     | <input type="checkbox"/> school problems                       |
| <input type="checkbox"/> hitting                 | <input type="checkbox"/> emotional regulation difficulties     |
| <input type="checkbox"/> difficulty calming down | <input type="checkbox"/> other (please describe)               |

**Number and ages of children requiring childcare:** \_\_\_\_\_

Please email the completed form to: Jonathan Thompson at [jthompson@calm4kids.org](mailto:jthompson@calm4kids.org)

**Notes:**