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For office use only:  
Dx: \_\_\_\_\_

### Registration Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent One \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Employer \_\_\_\_\_

Parent Two \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Employer \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Siblings:	Name	Birthdate	School	Grade

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Referral \_\_\_\_\_

I give PlaySteps for Developing Kids permission to provide OT services for my son/daughter,

\_\_\_\_\_ child's name

\_\_\_\_\_ one parent's signature; date

\_\_\_\_\_ other parent's signature, if required; date

I give PlaySteps for Developing Kids permission to videotape my son/daughter for in clinic use only.

Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_

Are the parents divorced? Please note that if the parents have joint legal custody, the signatures of both parents are required before any services are provided.

Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_