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 Jeff Marks, OTR/L, Director

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 _____