

TEEN AdoptCONNECT

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Registration and questionnaire to be completed by parent

Child's Name _____

Parent(s) Name(s) _____

Address: _____

Phone: _____ **Email:** _____

Child's Birth date: _____ **Current Age:** _____

Birthplace: _____ **Age when adopted:** _____

School: _____ **Grade:** _____

Siblings and ages: _____

Briefly describe your child's strengths: _____

Briefly describe your child's current and/or past struggles/challenges:

What information do you know about your child’s biological parents and/or foster family (if applicable)?

Please feel free to share any other information about your child:

PERMISSION, WAIVER AND RELEASE

I give my permission for my child, _____ to participate in the voluntary Teen AdoptCONNECT support group, on the dates confirmed by me. On behalf of myself and my above-listed child, I accept and assume all risk and responsibility for accidents, illness, injury and/or damages which may result from traveling to or from or participating in any of the events or activities associated with sponsoring entity, including all activities relating to Teen AdoptCONNECT support group. While participating in the group, my child and I also agree to abide by any directions or instructions given by Lesli Johnson and/or Angela Gee. I understand that participating in this group may carry risks, including injury, and freely and without reservation assume all such risks on behalf of myself and my child. I have read the foregoing and understand that its terms include my consent to assume certain responsibilities and to release Lesli Johnson and Angela Gee from certain liabilities. I understand that, by participating in the Teen AdoptCONNECT support group, I agree to these terms on behalf of myself and my minor child.

Parent Name: _____

Parent Signature: _____ Date: _____

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:
LESLI JOHNSON, MFT ~ 200 E. DEL MAR BLVD. SUITE 119 ~ PASADENA, CA 91105