



**Intensive
Therapeutics** INC.

Administrative Office:
70 Darlington Drive
Wayne, NJ 07470
973-771-1582

**HANDWRITING PROGRAM
REGISTRATION FORM**

Child's Name: _____

DOB: _____ Diagnosis: _____

Parent's Name(s): _____

Address: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Back-up Number: _____

MEDICAL INFORMATION

Medications: _____

Allergies: _____

Other pertinent information? _____

GOALS

What would you like us to work on? _____
