

**BLUE RIDGE EDUCATION CONSULTATION SERVICES**  
170 Thomas Johnson Drive, Suite 200, Frederick, MD 21702

**CLIENT – PLEASE PRINT**

Today's Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client's Name \_\_\_\_\_  
Last First Middle

Address (no PO Boxes please) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex  M  F Email address \_\_\_\_\_

School \_\_\_\_\_ Phone: \_\_\_\_\_

School Address \_\_\_\_\_

Name of Person Responsible for Payment \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**IF CLIENT IS A MINOR, COMPLETE THE FOLLOWING INFORMATION**

**SECTION I**

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (no PO Boxes please) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

**SECTION II**

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (no PO Boxes please) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_