



Teachers in Private Practice  
 1442 Irvine Boulevard, Suite 221  
 Tustin, California 92780  
 Tel. 714-838-1920  
[www.teacherspractice.com](http://www.teacherspractice.com)

## FAMILY ACCOUNT FORM

**NEW FAMILIES:** Please complete the information below, and submit this form by mail or in person to *Teachers in Private Practice (TiPP)* on or before registering your children for private, semi-private or small group sessions or workshops.

**Check here**  if you have already submitted this form but are making changes to your Family Account.

**PLEASE PRINT** – To be completed by **Primary Contact** (responsible adult registering family members into sessions or workshops)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Relationship to family members listed below: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City & Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact & Relationship:  
 \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

**Other Family Members** living with primary contact (e.g., spouse, children)

\*\*\* Children's birthdays must be completed in order to process Session Registration Form.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: **Male** **Female**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: **Male** **Female**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: **Male** **Female**

<i>Office use only</i>	
<i>Entered:</i>	
<i>By:</i>	