

Santa Rosa Rite@Care Childhood Language Center

**Birth- to- Three Program Application**

“Little Language Learners”

**Child’s Information**

Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Male  Female  Lives with: Parent(s)  Legal Guardians  Foster Parents  Other   
Physical Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parents Information**

Mother’s name: \_\_\_\_\_ Father’s name: \_\_\_\_\_  
Married  Divorced  Separated

**Sibling Information**

List siblings/others living in the home:

Name	Age	Relationship
_____		
_____		
_____		

**Referral Information**

Reason for referral/Family concern \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Are there any agencies involved? Yes  No

If yes, please list: Agency	Contact	Phone
_____		
_____		
_____		

Primary M.D. \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

**CLIENTS WITHOUT DOCUMENTARY PROOF OF ALL REQUIRED IMMUNIZATIONS SHALL NOT BE ADMITTED FOR TREATMENT.**

Documentary proof of immunization attached

Mail application to:

Santa Rosa RiteCare® Childhood Language Center  
625 Acacia Lane Santa Rosa, CA 95409  
Or fax to: 707.539.5905  
www.childrens-speech-therapy.net