

**Therapist Information**

(To filled out by parent and kept on file for reference)

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/mm/yr

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

S.I.N. \_\_\_\_\_

*Emergency Contact:*

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

-----

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Start Wage: \_\_\_\_\_ \$/hr

Wage Increase: \_\_\_\_\_ \$/hr \_\_\_\_\_ Date

Wage Increase: \_\_\_\_\_ \$/hr \_\_\_\_\_ Date

Wage Increase: \_\_\_\_\_ \$/hr \_\_\_\_\_ Date

Wage Increase: \_\_\_\_\_ \$/hr \_\_\_\_\_ Date

Wage Increase: \_\_\_\_\_ \$/hr \_\_\_\_\_ Date

Training Completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Misc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_