

Hanen Program Application

Date: _____

Please print:

Name(s) of Parents/Guardians/Grandparents: _____

Name of child: _____

Date of birth of child: _____

Adults' Relationship to child: _____

Address: _____

Phone(s): _____

e-mail address: _____

Photography/Videotape Permission

As part of the Hanen Program plans, videotaping of individuals and sessions is required. Please indicate below by signing that you understand this requirement and give permission.

Child's name in full

Parents' names (print) _____

Parents' signatures _____

Date: _____