

# CHILDREN AWAITING PARENTS **LIFT THE WAIT**

Official Use Only

## CHILD REGISTRATION FORM

Complete the entire application to register child with:  
*The CAP Book*, website [www.ChildrenAwaitingParents.org](http://www.ChildrenAwaitingParents.org), and the  
*AdoptUSKids* web site [www.adoptUSkids.org](http://www.adoptUSkids.org).

Registration for all services:

**CAP is a national service with local presence. In keeping with the Adoption and Safe Families Act (1997), prospective parents from across the country can inquire on this child.**

### Registrations Must Include:

♥ At least one clear, flattering photograph of the child. A good photograph is important as it is what families see first. Photographs can be e-mailed to [info@capbook.org](mailto:info@capbook.org). If mailing, originals are necessary for better quality. **We can work with school photographs or heart gallery and professional photographs. Please do not fold, paperclip or staple photograph.**

♥ A **thumbnail sketch** can be substituted for the personality section on page 3 of the registration. Please be sure that, if sending a thumbnail sketch, there is enough information regarding the child's personality, likes, and dislikes. CAP also encourages agencies to take advantage of the **It's All About You** worksheet, an initiative implemented for the child to voice his or her own likes and dislikes, opinions, and feelings regarding their placement. Please see our website, or contact CAP, for a copy.

Photographer's credit if Heart Gallery photo submission: \_\_\_\_\_

Is this child being updated from a previous year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Contact person: \_\_\_\_\_

Agency name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact person's phone: (      ) \_\_\_\_\_ Agency phone: (      ) \_\_\_\_\_

Agency fax: (      ) \_\_\_\_\_ Contact's email: \_\_\_\_\_  
(Required)

County of child's residency: \_\_\_\_\_

To register with *Children Awaiting Parents*, **fully** complete the following:

If registration is incomplete and/or there is not an acceptable photo submitted for the child, the registration will be deleted. Please type or print clearly.

**DEMOGRAPHIC INFORMATION:**

Full name of child \_\_\_\_\_ DOB \_\_\_\_\_  
(Only first name will be used in recruitment.)

Sex \_\_\_\_\_ Race \_\_\_\_\_ Legal status: \_\_\_\_\_ legally free \_\_\_\_\_ not legally free

**SIBLINGS:** (Please complete and attach a registration form for each sibling.)

Name(s) and birth date(s) of sibling(s) to be placed with child:

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Check all of the following that are available:

- \_\_\_\_\_ General subsidy \_\_\_\_\_ Travel assistance to adoptive family  
\_\_\_\_\_ Medical subsidy \_\_\_\_\_ Videotape of child  
\_\_\_\_\_ Payment to cooperating agency for placement and supervision

Is this child registered on the *AdoptUSKids* website? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like CAP to register this child on the *AdoptUSKids* website? \_\_\_ Yes \_\_\_\_\_ No

If the child is already registered on the *AdoptUSKids* website, please indicate the case number: \_\_\_\_\_ Yes \_\_\_\_\_ No

May the picture and description be used in adoptive parent newsletters, web sites, meetings, conferences, newspapers, Facebook and on posters and fliers? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION:**

What grade of school is the child attending? **Please circle one:**

U N P K 1 2 3 4 5 6 7 8 9 10 11 12

**U** Ungraded **N** Not in school **P** Pre-school program **K** Kindergarten

Is the child enrolled in special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify classification: \_\_\_\_\_

**DISABILITIES:**

**Classification Definitions:**

**MILD:** treatable medical conditions.

**MODERATE:** medical conditions that may not be completely treatable but will not inhibit all daily activities and functions.

**SEVERE:** multiple moderate conditions, or a condition that requires ongoing/constant medical attention.

**Physical Disability** (please specify):

Type \_\_\_\_\_ Type \_\_\_\_\_ Type \_\_\_\_\_  
Check one: Check one: Check one:  
\_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**Emotional/Behavioral Disabilities** (please specify):

Type _____ Check one: _____ Mild _____ Moderate _____ Severe	Type _____ Check one: _____ Mild _____ Moderate _____ Severe	Type _____ Check one: _____ Mild _____ Moderate _____ Severe
Is therapy required? _____ Yes _____ No		

**Learning Disability** (please specify):

Type _____ Check one: _____ Mild _____ Moderate _____ Severe	Type _____ Check one: _____ Mild _____ Moderate _____ Severe	Type _____ Check one: _____ Mild _____ Moderate _____ Severe
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**Mental Retardation:**

MILD: IQ range 50-75, MODERATE: IQ range 25-50, SEVERE: IQ less than 25

Check one: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe      Please specify IQ, if known: \_\_\_\_\_

**PERSONALITY:**

**So that we may portray the child honestly and positively, please answer the following questions. Remember to BE ORIGINAL!** (You may use an additional sheet of paper if necessary)

What adjectives do you think best describe the child?

What hobbies does the child participate in?

What does the child like/dislike?

What are the child's favorite foods? Least favorite foods?

What special talents does the child have?

Please explain the child's current educational status. If they are interested in higher education, please let us know what their interests include.

What is the child's favorite subject in school? Least favorite subject?

What are the child's hopes and dreams for the future?

Will the child do well in a home with other children or would they do better as an only child?

Does the child have any known allergies? (Pet, Food, Medicine etc.)

Does the child like animals? If so, what is their favorite? Do they want pets?

Does the child have siblings with whom they need to maintain contact? Are there other significant relationships that the child should maintain?

Will the child be able to function independently as an adult? If no, please explain.

What are the child's feelings about adoption? What kind of family is important to him/her?

Does the child speak any languages other than English? If so, please specify.

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In the space below, please provide any additional information that you feel is important or that you would like families to know about the child.

### Agreement for Registering Children

Children Awaiting Parents, Inc. is offering recruitment services by featuring the registered child on *The CAP Book* web site and *AdoptUSKids* web site. In addition, extra recruitment will be provided for the child in the forms of recommending the child to be featured in The Heart Gallery, videos, parent group publications, meetings/conferences, various magazine and newspaper articles, on posters, Facebook, and fliers to be distributed nationally, on CAP's *Friday's Child* segment and through our *Faith in Children* initiative.

To receive all recruitment services mentioned above, please read the agreement and sign below.

Children Awaiting Parents, Inc. will:

- ♥ Promptly photo list the child on *The CAP Book* web site and *AdoptUSKids* web site.
- ♥ Provide extra recruitment for the child by recommending him/her to be featured in the traveling Heart Gallery, videos, parent group newsletters, websites, meetings/conferences, various magazine and newspaper articles, on posters, Facebook, and fliers to be distributed nationally, CAP's *Friday's Child* segment and through our *Faith in Children* initiative.
- ♥ Insure that authorized information about the child will be presented in an accurate and sensitive manner.
- ♥ Take all inquiries on the child and refer homestudied families and their adoption agencies to the child's agency contact.
- ♥ Notify caseworkers via email of all certified family inquiries.
- ♥ Keep the child's agency contact apprised of recruitment efforts, if requested.
- ♥ Be available for the child's agency to contact regarding accurate and updated information, including but not limited to the child's availability status.
- ♥ Advocate for the child.

On behalf of the agency for which I work, I certify that it and I have legal authority to register the child listed and authorize the publication of him/her, and grant you authority to copy and disseminate the photograph provided. I hereby authorize and request that the child listed be registered and publicized as indicated above. I certify that the information provided about the child is accurate and complete. I understand that Children Awaiting Parents, Inc. is not a placing agency. The agency I represent retains complete authority and publicity of this child, consistent with this agreement. This also agrees to indemnify and hold harmless Children Awaiting Parents, Inc., its agents, employees and independent contractors from any liability in connection with the registration and publicity of this child, consistent with this agreement.

Child's full name \_\_\_\_\_ Date \_\_\_\_\_

Custodial agency of child \_\_\_\_\_

Authorized signature \_\_\_\_\_ Title \_\_\_\_\_