



45 Franklin Street, Fifth Floor, Boston, MA 02110-1301
 Phone#: 617-54-ADOPT (617-542-3678) or 1-800-882-1176
 Fax#: 617-542-1006 • TTY: 617-542-7772
 Website: www.mareinc.org

MARE USE ONLY
 Date Received: _____
 Reg. Form ___/___/___
 Photos ___/___/___
 Reg. No. _____
 Page No. _____

CHILD REGISTRATION

Please fill out **all** blanks and check **all** boxes that apply.

Child Information

Child's Name: First - Middle - Last _____ Date of Birth _____ Nickname _____ Alias (only if legal risk) _____

Gender: Male Female Year child entered care _____

Legal Status: Free Risk Comments _____

Is child to be adopted as part of a sibling group? Yes No If yes, indicate total number of children in group: _____

Does child need contact with other siblings? Yes No If yes, please describe: _____
 (i.e. brother, sister, monthly, etc.)

Does child need contact with other birth family? Yes No If yes, please describe: _____

Race/Ethnicity: (Please check **all** that apply.)
 African American: Asian: Caucasian: Hispanic: Native American:

Describe any specifics related to child's race and /or ethnicity: _____

Primary Language Spoken _____ Other Language(s) Spoken _____

Area(s) of Special Needs (Please be as descriptive as possible):

Physical:
 Describe: _____

Intellectual:
 Describe: _____

Emotional:
 Describe: _____

Receiving Therapy? Yes No

Recommended Family Constellation (Please check all that apply.)

Two parents (female and male) Two parents (2 females) Two parents (2 males)
 Single parent (female) Single parent (male) No preference

If same sex couples and single parents will not be considered, please give clinically appropriate reason:

With older child(ren) With younger child(ren) With no children No preference

Other considerations for placement:

Please indicate areas to be avoided in recruitment:

Social Worker Information

Recruitment Worker

Adoption Worker

Agency

Agency

Address: City, ST ZIP Code

Address: City, ST ZIP Code

()

()

()

()

Phone

Fax

Phone

Fax

Email

Email

This form is not intended to provide a complete or clinically oriented discussion of children. Because it is important to present a child in a perspective most relevant to a parent, adoption/recruitment social workers are encouraged to seek current information from the child's caretakers in order to successfully complete this form.

PERSONALITY (How does child describe him/herself? How do others describe child's character? Describe various aspects of the child's personality. Think about what is unique about this particular child.)

INTERESTS (Describe what child enjoys doing. Be specific: if the child likes to play outside, what does she do outside?)

TALENTS (Describe unique aspects of child in terms of what he/she does best. Highlight the child's uniqueness and strengths.)

ASPIRATIONS (Describe what child wants to be in the future –career or educational goals. Ask child about goals and dreams or "what they want to be when they grow up.")

FAMILY LIFE (Describe child's interaction and behavior in a family or residential setting. What aspects of the child's environment help her to do well? Include information that might help identify a family who has a home environment that might be a good fit for this child.)

[Redacted area]

SCHOOL LIFE (Describe child's academic functioning, grade level, school behavior, peer relationship, what they like/dislike in school.)

[Redacted area]

SPECIAL NEEDS (*Briefly* describe child's disabilities, challenges, therapy, treatment. Be specific about how the needs/diagnosis presents in this particular child. Describe what the child is able to do despite the challenge of a specific disability.)

[Redacted area]

PLACEMENT REQUIREMENTS (Include what child wants in a family and worker's recommendations. If there are visits/connections a child will need to maintain after placement, please describe.)

[Redacted area]

IF THIS CHILD COULD HAVE ONE WISH, WHAT WOULD IT BE? (Ask the child! The child's answer can either be about the type of adoptive family they hope to have or a more general wish.)

[Redacted area]

IMPORTANT: Once this form is received, MARE will begin the matching process for this child. In order to include the child in the MARE Photolisting®, you must include a close up photo of child, ideally one in which his/her face is at least 2 inches high. For siblings, please send a group photo along with the individual photographs of the children. You can email photos to your Child Services Coordinator at MARE in .jpg format with the child's full name. If you have a problem getting good quality photographs, please call MARE for assistance.

[Redacted area]

Form completed by

[Redacted area]

Signature

[Redacted area]

Date