

## Child Intake Information

Child's Name	Birth Date
Child's Address	Phone
Name Child is Called	
<b>Parent or Guardian</b>	<b>Parent or Guardian</b>
Name	Name
Home Address	Home Address
Work Address	Work Address
Work Phone	Work Phone

Does your child have any special needs that I need to be aware of? \_\_\_\_\_

Physician to call if child becomes ill: \_\_\_\_\_

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

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship

(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship

Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_