



## Mobile Childcare Intake Form

### Parent / Guardian Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Child Information

Child Name(s) & Age(s): \_\_\_\_\_

### Location of Care

Hotel / Rental Name: \_\_\_\_\_ Room #: \_\_\_\_\_

### Emergency Contact

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

### Health & Safety

Allergies or medical needs? ■ No ■ Yes (explain): \_\_\_\_\_

### Care Details

Date of care: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

### Authorization

I authorize Kidz 1st Choice Daycare LLC to provide short-term mobile childcare services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_