

## Intake Information

### Parent / Child Name and Address

Name – Child (Last, First, MI)	Nickname (if any)	Birthday (mm / dd / yyyy)
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Name – Parent(s) / Guardian(s) Mother (Last, First, MI)	Father (Last, First, MI)
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Address – Parent(s) / Guardian(s) (Street, City, State, Zip Code) Mother	Father
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_____	_____
_____	_____

E-Mail Address _____	E-Mail Address _____
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Telephone numbers – Home _____	Telephone numbers – Home _____
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Work _____ Cell _____	Work _____ Cell _____
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### Check Appropriate Status – Parents (all that apply)

Married – Living Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Mother Remarried \_\_\_\_\_ Father Remarried \_\_\_\_\_ Foster Parent \_\_\_\_\_

Other adults living at home: Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other children living at home: Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Language and Culture

What language does child / family speak predominately? \_\_\_\_\_ English \_\_\_\_\_ Other If “Other” – Specify

Please share cultural customs or routines that may play a part in your child’s experience with us.

Family’s cultural heritage and traditions