**Warm Springs Day Care Intake**

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| --- | --- |
| Child’s Name | DOB: |

|  |  |
| --- | --- |
| Parent Name: | Phone #: |
| P.O. Box: |  |
| Physical Address: |  |
| Employment: | Work #: |

|  |  |
| --- | --- |
| Parent Name: | Phone #: |
| P.O. Box: |  |
| Physical Address: |  |
| Employment: | Phone #: |

How soon do you need childcare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Office Use Only** |
| Intake Date Received: | Initials: |
| Age at the time of intake: |
| Classroom: |
| Date Packet given: |