**Warm Springs Day Care Intake**

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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