

Warm Springs Day Care Intake

Child's Name	DOB:
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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:	