



Deer Lake Child Care Inc. Intake Form

Child's Name	
Child's nick name or preferred name	
Child's Birth date and gender	
Parent's Name	
Parent's Email	
Parent's Phone	
Parent's Name	
Parent's Email	
Parent's Phone	
Home Address	
Allergies	
Medical Concerns	
Developmental Concerns	
Care Card number, Physician's name and phone number	



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<ul style="list-style-type: none"> Important information you feel we should know about your child and your family. What language(s) if your family speak at home Share with us if you wish of your family traditions and / festivals. 				
Emergency Contact Name (Other than Parent)				
Emergency contact phone number.				
Emergency contacts relationship to the child.				
<p>Your child will only be released to individuals whom are listed on this form. If there are others who may pick up your child, please list below. Please list their names as it appears on their identification as we may need to see it to be sure they are the authorized individual.</p>				
Name	Contact information			
1.				
2.				
3.				
Date you wish to have child start attending:				
Attending Days (minimum 2 days, for 3-day enrolment must attached a Monday or Friday)				
Monday	Tuesday	Wednesday	Thursday	Friday
Office Use Only			Notes:	
Date of Submission:				