

Child Intake Information

Please provide the following information about your child:

Name: _____
(Last) (First)

Date of Birth: ____ / ____ / ____

Address: _____

Legal Guardian(s):

1. Name: _____
(Last) (First)
Phone: _____ Okay to leave a message? Yes No

2. Name: _____
(Last) (First)
Phone: _____ Okay to leave a message? Yes No

What school does your child attend? _____

Date of your child's last doctor's visit (Month / Year): ____ / ____

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