

GC-B Childcare Center Intake Information

Child's First Name

Child's Last Name

Child's Address

Date of Birth

Mother's Name

Address

Home Phone

Cell or Work Phone

E-mail Address

Father's Name

Address

Home Phone

Cell or Work Phone

E-mail Address

Child's Doctor

Doctor's Phone

Preferred Hospital

Medical Insurance Carrier

Policy #

Child's Dentist

Dentist's Phone

Dental Insurance Carrier

Policy #

Emergency Contacts (in case one or both parents cannot be reached)

Name

Relationship

Home Phone

Cell or Work Phone

Name

Relationship

Home Phone

Cell or Work Phone

Parent Signature

Date