

# Intake Form For Jen's Home-Based Child Care



Your name:

Your partner's name: (if applicable)

Best phone number to reach you at:

Best phone number to reach your partner at:

Name of child 1:

Name of child 2: (if applicable)

Name of child 3: (if applicable)

Name of child 4: (if applicable)

Name of child 5: (if applicable)

Age and grade of child 1:

Age and grade of child 2: (if applicable)

Age and grade of child 3: (if applicable)

Age and grade of child 4: (if applicable)

Age and grade of child 5: (if applicable)

Date child care is needed to begin:

Time needed for drop-off:

Time needed for pick-up:

Are these times consistent each day?

If not, explain:

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Does your child(ren) have any special needs?

If so, explain on next page:





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Does your child(ren) have any health issues/medical conditions or behavior issues I should know about?

If so, explain:

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Is there anything else I should know about before we have a Meet And Greet?

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What's your availability for a Meet And Greet?

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Do you have a date and time in mind?

If so, explain: \_\_\_\_\_

Thank you for your time. I will get into contact with you if I have not already.  
We look forward to meeting with you and your family!

