

Child Care Referral Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home/Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child #1**

**Child #2**

First Name \_\_\_\_\_

First Name \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Days of Care: Sun Mon Tue Wed Thu Fri Sat

Days of Care: Sun Mon Tue Wed Thu Fri Sat

Drop off time \_\_\_\_\_

Drop off time \_\_\_\_\_

Pick up time \_\_\_\_\_

Pick up time \_\_\_\_\_

**Child #3**

**Child #4**

First Name \_\_\_\_\_

First Name \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Days of Care: Sun Mon Tue Wed Thu Fri Sat

Days of Care: Sun Mon Tue Wed Thu Fri Sat

Drop off time \_\_\_\_\_

Drop off time \_\_\_\_\_

Pick up time \_\_\_\_\_

Pick up time \_\_\_\_\_

**Type of Care:** Center \_\_\_\_\_ Family Child Care \_\_\_\_\_ Family, Friend or Neighbor \_\_\_\_\_ Preschool \_\_\_\_\_

**Location of Care:** Near home \_\_\_\_\_ Near work \_\_\_\_\_ Street of Employment \_\_\_\_\_ Near school \_\_\_\_\_ (What school(s) \_\_\_\_\_ ) Bus Route \_\_\_\_\_ Other \_\_\_\_\_

**Language preferred:** English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

**Seeking Care for:** Employment \_\_\_\_\_ In School or Training \_\_\_\_\_ Enrichment/Development \_\_\_\_\_ Looking for Work \_\_\_\_\_ Alternate or Back-up Care \_\_\_\_\_ CPS \_\_\_\_\_ Mildly ill Child \_\_\_\_\_ Other Parental Needs \_\_\_\_\_

**Subsidy:** Cal Works \_\_\_\_\_ Respite \_\_\_\_\_ AP \_\_\_\_\_ Private Pay \_\_\_\_\_

**Special Services:** Transportation needed \_\_\_\_\_ To/From School \_\_\_\_\_ To/From Daycare \_\_\_\_\_

Drop-in care \_\_\_\_\_ Weekend care \_\_\_\_\_ Evening/overnight care \_\_\_\_\_ Temporary/back-up care \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

