

ENROLLMENT/INTAKE DOCUMENTATION

Child's Name: _____

(Last Name)

(First Name)

(MI)

Child's Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Male _____ Female _____

Date of Enrollment: _____

*IFSP/IEP: _____

Parent/Guardian: _____

(Last Name)

(First Name)

(MI)

Relationship to Child: _____

Address: _____ CellPhone: _____

Employer: _____ Work Phone: _____ Ext.: _____

Work Address: _____ City/State: _____

Email Address: _____

Parent/Guardian: _____

(Last Name)

(First Name)

(MI)

Relationship to Child: _____

Address: _____ CellPhone: _____

Employer: _____ Work Phone: _____ Ext.: _____

Work Address: _____ City/State: _____

Email Address: _____

*Does your child currently has an IFSP/IEP? Circle: Yes or No

Please submit IFSP/IEP to us at contact@insightkidzcare.com