

INSIGHT KIDZ CARE LLC

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Baltimore, MD 21206

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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: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Ext.: _____

Work Address: _____ City/State: _____

Email Address: _____

Parent/Guardian: _____
(Last Name) (First Name) (MI)

Relationship to Child: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Ext.: _____

Work Address: _____ City/State: _____

Email Address: _____