



Unit #5. 2611 - 37th Avenue NE Calgary, AB T1Y 5V7
 Phone: 403.277.0425 / Fax: 403-277-7101

INTAKE FORM - PRIVATE CLIENT

CHILD INFORMATION

Child's Full Name (First/Last):	
Child's Preferred Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth:	
Place of Birth:	
Citizenship:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Legal Resident
Primary Address:	
Name of Preschool/Daycare:	
Days of Attendance:	
My child is exposed to more than one language at home: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please identify:	

Mother/Guardian

Father/Guardian

Preferred Name:		
Primary Address: (if different from above)		
Phone:		
Email:		
Preferred method of contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone	<input type="checkbox"/> Email <input type="checkbox"/> Phone
Are there any Separation Agreements/Court Orders/Access/Custody Agreements pertaining to this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copies)		

Completed by: _____ Signature: _____ Date: _____