



## Pre-Admission Form

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Requested start date: \_\_\_\_\_

Days needed (circle): **Monday Tuesday Wednesday Thursday**

Allergies: \_\_\_\_\_

Mother/Guardian name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with (circle): **Mom Dad Both Guardian**

Additional information you wish to disclose:

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