Parent & Child Intake Form

Welcome to the Dino Daycare family! · Page 1 of 2

Parent / Guardian Information

Parent/Guardian Name: ..... Phone Number: .....

Email: ..... Home Address: .....

Child Information

Child's Name: ..... Date of Birth: .....

Child's Age: ..... Potty Trained: ☐ Yes ☐ No ☐ Currently Training

Special Care & Additional Information

Does your child require any special care or accommodations? ☐ No ☐ Yes — please explain:

.....

.....

Child Care Schedule

Days Needed: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Drop-off Time: ..... Pick-up Time: .....

Requested Start Date: ..... Schedule Notes: .....

Anything Else We Should Know?

.....

.....

Parent/Guardian Signature: ..... Date: .....

Office Use

Child ID #: _____

Start Date: _____

Emergency, Medical & Consents

Page 2 of 2 — required for enrollment

Emergency Contacts

Contact 1 — Name: _____ Phone: _____

Relationship to child: _____ Contact 2 — Name / Phone: _____

Authorized Pick-Up

People allowed to pick up my child (name & relationship): _____

_____

NOT allowed to pick up: _____

Allergies & Diet

Any food or other allergies? ☐ No ☐ Yes — list below:

_____

Dietary restrictions / feeding notes: _____

Medical

Pediatrician Name: _____ Pediatrician Phone: _____

Medical conditions / medications: _____

Permissions

Photos of my child may be shared on Dino Daycare social media: ☐ Yes ☐ No

I authorize emergency medical care if I cannot be reached: ☐ Yes ☐ No

How did you hear about us?

☐ Facebook ☐ Google ☐ Flyer ☐ Referral — by whom? _____

Referrals earn the referring family a discount — make sure they get credit!

Parent/Guardian Signature: _____ Date: _____

Thank you for choosing Dino Daycare — where little explorers roam!

Office Use

Child ID #: _____

Start Date: _____