



Cardinal Daycare
Intake Information

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Phone Number: _____

If child does not use his/her legal first name, please list the name he/she will be using: _____

Mother: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Phone Number: _____

Email Address: _____

Father: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Phone Number: _____

Guardian or Custodian other than parent (if applicable)

Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Phone Number: _____

Babysitter (if applicable)

Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Phone Number: _____

Pick-Up Permission Form

I hereby give permission for my child to leave the center with the following persons name below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name (Mother): _____ Relationship: _____

Name (Father): _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent Signature: _____ Date: _____

If there is a separation or divorce situation of which we should be aware, please explain:

Names of persons who may not pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____