LANGLEY Child Development Centre

"Partners in Developing Potential"

Intake Form

Name of Child:			Client ID# (office use only):
Birth Date (month/day/year):	Gender: ☐ Male ☐ Female	Foster: ☐ Yes ☐ No	Care Card Number:
Ethnicity:		Language:	
Aboriginal Heritage: ☐ No ☐ Yes: ☐ FN ☐ Métis ☐ Inuit Other:			

Birth Information		Referral Information	
Hospital:		Referral Source:	Date of Referral (m/d/y):
Birth Weight:	Gestational Age:	Reason for Referral/Diagnosis:	

Child's Residential Information		
Mother (first and last name):	Father (first and last name):	
Address:	City:	Postal Code:
Phone Number:	Email Address:	
Siblings (name and birth date):		

Agencies Involved	Address	Postal Code	Phone	Fax
Family Physician				
Paediatrician				
Langley Health Unit				
Social Worker				
TCCD				

Additional Information: Cultural or religious observances to be aware of:	
Parent/Guardian Signature: Parent/Guardian aware of referral? Yes ☐ No ☐	Date:

Infant Development, Preschool Services, Supported Child Development and Child and Youth Programmes operated by the Langley Children's Society
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