



# LANGLEY Child Development Centre

#203-221A Street, Langley, BC V2Y 0A2  
Telephone: 604-534-1155 Fax: 604-534-1814  
www.langleycdc.com

## Intake Form

<b>Name of Child:</b>		<b>Client ID#</b> (office use only):	
<b>Birth Date</b> (month/day/year):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Foster:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Care Card Number:</b>
<b>Ethnicity:</b>		<b>Language:</b>	
<b>Aboriginal Heritage:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> FN <input type="checkbox"/> Métis <input type="checkbox"/> Inuit Other:			

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

<b>Child's Residential Information</b>			
<b>Legal Guardian:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Social Worker <input type="checkbox"/> Other: <i>*LCDC reserves the right to request any court orders/agreements regarding custody/guardianship.</i>			
<b>Mother (first and last name):</b>		<b>Father (first and last name):</b>	
<b>Address:</b>		<b>City:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>		<b>Email Address:</b>	

**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):

<b>Parent/Guardian Signature:</b> Parent/Guardian aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date:</b>
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