



THE MOUNT CARMEL Early Childhood Center

The Mount Carmel Early Childhood Intake Form (Confidential)

Child's name _____ DOB _____

Parent's name _____ DOB _____ Occupation _____

Parent's name _____ DOB _____ Occupation _____

With whom does the child live? _____

Parents' marital status _____

If divorced, describe custody arrangement _____

Siblings: (Please indicate if half or step siblings)

Name _____ Gender _____ Age _____ School _____

Name _____ Gender _____ Age _____ School _____

Name _____ Gender _____ Age _____ School _____

If any of above are half or step siblings, with whom do they live? _____

If not living with child, how often does child see them? _____

Has your child had any previous school or playgroup experience? _____

If yes, name of school _____ dates attended _____

Describe your child's adjustment to previous school: