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		
Legal Guardian: ❑ **Both parents** ❑ **Mother only** ❑ **Father only** ❑ **Social Worker** ❑ **Other**		
**LCDC reserves the right to request any court orders/agreements regarding custody/guardianship.*		
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):	
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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