

Human Services, Inc.
FLY Program Intake Form

Date: _____

Child's First Name: _____ MI: ___ Last Name: _____

Sex: Male Female Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

School District: _____

Home Phone: _____ Cell: _____

Work Phone: _____

Is it ok to contact you at work? _____

Child's Insurance Company: _____

Medical Coverage: Yes No Mental Health Coverage: Yes No

Family Physician: _____ Clinic: _____

Does your child have a current mental health or medical diagnosis, if so, what and when was this given?

Does your child have any known developmental delays? _____

Has he/she been through Kindergarten Screening or any other assessments through your local school district? Please describe.

Please list any services your child is currently receiving or has received in the past, such as early childhood special education services, psychological evaluations, occupational therapy, etc. along with the name of the provider.

Due to the collaborative nature of this program, we highly recommend regular communication between our staff and your child's additional service providers regarding his/her needs, development, and learning styles. In order to provide a holistic approach and facilitate these communications, we ask that Release of Information forms be completed on all current service providers. Without this, we cannot fully advocate on your child's behalf as beneficial information will be limited. All communication will be in direct relation to your child's emotional growth and development. Consent forms will be provided..

Is there a family history of mental health disorders diagnosed in siblings or immediate family? If so, please describe.

Please describe your child's previous daycare or preschool experiences. Has he or she ever been dismissed from a program due to misbehavior?

Other Household Family Members

First Name	MI	Last Name	Relationship	Sex	Age

Please feel free to add any additional information regarding family stressors, transitions, etc. that may prove valuable to us when considering your child's placement within this program.

Applicant Signature _____ Date _____