



Received by: _____
 Date: _____
 Notes: _____

Waitlist #3 _____
 Letter #1 _____
 Support Docs _____
 Waitlist #2 _____

INTAKE/REFERRAL FORM

I wish to register my child in the following Pacekids Program(s):

- PUF Preschool/Kindergarten
- Family Support Infant Program
- Developmental Aide
- Behavioural Aide
- Specialized Therapy Services
- Personal Care Aide
- Community Aide
- Afterschool Program
- Summer Camp

Child's Name: _____ First Name Surname M F
Gender

Date of Birth: _____ Year/Month/Date Time Required: _____

Grade: _____ Referred By: _____

PARENTS

Mother: _____ First Surname	Father: _____ First Surname
Address: _____	Address: _____
Community: _____	Community: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Work Place: _____	Work Place: _____
Email: _____	Email: _____

LANGUAGE

Language(s) spoken most frequently in the home: _____

DIAGNOSIS: _____

PROFESSIONALS INVOLVED

FSCD Worker's Name: _____

A Service Contract been approved by your FSCD Social Worker Yes No