



LANGLEY Child Development Centre

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

Intake Form

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