



**General Intake Form**

**Program: S.T.E.A.M PROGRAM**

**CHILD'S INFORMATION:**

**NAME:** \_\_\_\_\_  
First name Middle Initial Last Name

**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** MALE FEMALE

**What school does the child attend?**

\_\_\_\_\_ **School** \_\_\_\_\_ **Grade**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

<b>RACE/ETHNICITY OF CHILD</b>	Caucasian/White	Japanese	Hispanic
African American/Black	Chinese	Native American	Biracial
Asian	Hawaiian	Vietnamese	Other

**Circle your child's favorite subjects:**

Math	Science	Reading	Music
Art	History	Writing	Other

**If other please list:** \_\_\_\_\_

**CAREGIVER'S INFORMATION:**

PARENT RELATIVE GUARDIAN

**NAME:** \_\_\_\_\_  
First name Middle Initial Last Name

**DOB:** \_\_\_\_\_ **GENDER:** MALE FEMALE **EMAIL:** \_\_\_\_\_



ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
HOME CELL

### Emergency Contact Information:

#### Primary Emergency Contact Name:

NAME: \_\_\_\_\_  
First name Middle Initial Last Name

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

X \_\_\_\_\_  
Signature

Date Signed: \_\_\_\_\_

X \_\_\_\_\_  
Staff signature

Date Signed: \_\_\_\_\_



**NOTES:**