

Sunshine  
Intake Sheet

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Lives with child Y N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Lives with child Y N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Deceased \_\_\_\_\_ Living together \_\_\_\_\_

Other Children in the home:

Name Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has authority to pick up your child?

Name Phone # Work# Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is he/she usually happy \_\_\_\_\_ Does your child have nervous habits \_\_\_\_\_  
if yes please explain \_\_\_\_\_

When you find it necessary to discipline your child, which parent usually does this, and how?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive any special services from the school district, AEA, ect.  
(Examples Speech, language, ect) \_\_\_\_\_  
If yes please describe \_\_\_\_\_

Give any further information you believe will be helpful to us in understanding your  
child \_\_\_\_\_  
\_\_\_\_\_

Thank you for sharing this information with us, so we can better understand and assist your  
child.