



Intake Form

Child's name: _____

Date of Birth (month/day/year): _____

Does your child have any allergies, medical conditions, fears, behaviors, habits, family circumstances or other concerns that we need to know about?

Are there siblings or other relatives in the home? If so, what are their names, ages, and relationship?

What can you tell us about your child that will help make the transition to Pei-Pei's Playhouse as smooth as possible?

