



Fraser School® Intake Information

Child's Name _____ Male _____ Female _____ DOB _____

Parent (1) _____ Parent (2) _____

(1)Address _____ (2)Address _____

City _____ Zip _____ City _____ Zip _____

Parent (1) Phone

Parent (2) Phone

Home _____

Home _____

Work _____

Work _____

Cell/Other _____

Cell/Other _____

Email _____

Email _____

I prefer email communication

I prefer email communication

How did you hear about Fraser? _____ Requested Start Date _____

Requested Services: Infant Care Toddler Care Preschool Therapy

Requested Schedule: M-F M, W, F T, TH Hours Preferred: _____

Diagnosis: _____

Other Fraser services child has/is utilized/utilizing: _____

Other services child has/is utilized/utilizing: _____

Allergies or Medical Needs: _____

Does your child nap? Yes/ No Siblings at Fraser? Yes/No/On Wait List(name) _____

Other Information We Should Know About Your Child: _____

Please complete this form and return with a \$50 non-refundable application fee. Checks to Fraser.

Office Use Only: Check Number _____ Notes _____ Date Rec'd _____