

# THE CARE CENTER



## INTAKE FORM

CALL: 410-313-CARE (2273) FAX: 410-313-1430 EMAIL: [children@howardcountymd.gov](mailto:children@howardcountymd.gov)

HOW DID YOU HEAR ABOUT THE CARE CENTER? \_\_\_\_\_

NAME \_\_\_\_\_ YOUR RELATIONSHIP TO THE CHILD \_\_\_\_\_

PHONE NUMBER (C/H/W) \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

BEST TIME TO CONTACT YOU \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DESCRIPTION OF BEHAVIOR \_\_\_\_\_

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ONCE THE FORM IS COMPLETED AND FORWARDED TO THE CARE CENTER, YOU WILL BE CONTACTED FOR ADDITIONAL INFORMATION.