



FAMILY INTAKE
Parent/Guardian Information

OFFICE USE ONLY

Shareholder No.:

_____ | _____

Last Name:	Child(ren)'s First Name(s) and/or Spirit Name(s):
Parent / Guardian Name(s):	Child(ren)'s Health Card Number & Version Code:

1. How do you discipline your child(ren)?
2. Does your child(ren) have any health concerns and/or problems?
3. Does your child(ren) have a learning impairment? If yes, please describe.
4. Has your child(ren) been sick in the past two (2) weeks? i.e. cold, flu, chicken pox, etc. If yes, please indicate the illness.
5. Is your child(ren) taking any prescription and/or non-prescription medications? Please indicate what medications and the reason the medication is used.
6. Does your child(ren) have any food/drug or material allergies? If yes, please list.
7. How many hours of sleep does your child(ren) receive a night?
8. Does your child(ren) nap during the day? If yes, what time? What helps your child(ren) go down for a nap?
9. What are some of your child(ren)'s likes and dislikes?
10. Do you have any further concerns?

I certify that all the above information is true and correct to the best of my knowledge. I am aware that making any false statements can, and will affect KiiKeeWanNiiKaan's ability to meet my needs for the duration of my stay at the Lodge.

X

Shareholder Signature

Date

X

Witness Signature

Date