My Little Waiting Room™
at Providence St. Vincent Medical Center
Operated by Volunteers of America® Oregon

Intake & Enrollment Form

Date: _____ How did you hear about My Little Waiting Room? _____
Your location during child's stay in care (please include the suite number and phone number):
_____
Are there any community resources we can offer you?_____

Parent Information:
Name of Parent/Legal Guardian: _____
Home Address: _____ Zip:_____
Work Address: _____ Zip:_____
Home/Cell Phone: _____Work Phone:_____ Race/Ethnicity: _____
Languages Spoken:_____ Gender: _____Female _____Male

Emergency Contacts:
#1 Name: _____ Phone: _____
#2 Name: _____ Phone: _____

Child Information

Child's Name: _____**DOB:**_____
Race/Ethnicity: _____Languages Spoken:_____
Has your child had Chicken Pox? If yes, date: _____
Is your child up to date on Immunizations? _____
Does your child need any medication today? If yes, please fill in below:
*Medication Name: _____Dose: _____Time needed: _____
Any medical /behavioral conditions we should be aware of?
_____
Food Allergies: _____

Child's Name: _____**DOB:**_____
Race/Ethnicity: _____Languages Spoken:_____
Has your child had Chicken Pox? If yes, date: _____
Is your child up to date on Immunizations? _____
Does your child need any medication today? If yes, please fill in below:
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Any medical /behavioral conditions we should be aware of?

_____

Food Allergies: _____

Child's Name: _____**DOB:**_____

Race/Ethnicity: _____Languages Spoken:_____

Has your child had Chicken Pox? If yes, date: _____

Is your child up to date on Immunizations? _____

Does your child need any medication today? If yes, please fill in below:

*Medication Name: _____Dose: _____Time needed: _____

Any medical /behavioral conditions we should be aware of?

_____

Food Allergies: _____

Has your child(ren) previously been in child care? _____If yes, what type of care, and for how long? _____

Reason for requesting care_____

Child General Information- please include all information that will assist us in providing quality care for your child.

Likes and Dislikes_____

_____

_____

Eating Habits and Schedule_____

_____

Sleeping Habits and Schedule_____

_____

_____

Play_____

Fears_____

Special Words_____

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