



POTENTIAL NEW STUDENT- PNC INTAKE FORM

TODAYS DATE: _____ INTAKE BY: _____ INTAKE PACKET SENT ON: _____

Student's Name: _____ DOB: _____ Age: _____ Gender: M F

Parent/Guardian Name: _____

Primary phone number: _____ Home/ work/ cell ♦ Alternate phone number: _____ Home/ work/ cell

E-Mail Address: _____

Primary language spoken by: Client _____ Mom _____ Dad _____ Gr.Parents _____ School _____

Are you looking for half day or full day?

How did family hear about SMS? Online/Website Banner/Live in the Area Referred by friend/family Other: _____

Is child currently in school/daycare? Yes, name of school & grade : _____ No

Is child potty trained or transitioning out of Pull-Ups? Yes No

How does the child communicate? Child uses: gestures sounds single words combined words

Does the child require nap time? yes, what time? _____ no Does he have any problems sleeping? yes no

Does the child have any special needs: yes: _____ no

Does he receive any therapy: yes: _____ no

Any Concerns: in areas of Behavior and/or development? yes: _____ No

Schedule Availability Days & Times For Tour:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

REQUEST: TUITION AGREEMENT REGISTRATION PACKET PART A & B ADDITIONAL DOCS THAT ENSURE CHILD IS IN RIGHT FACILITY
PUT DATES AND INITIALS: when completed

TOUR DATE	EMAIL SENT	DOCS RECEIVED	REGISTRATION/ONBOARDING MEETING SCHED

WEEKLY FOLLOW UP DOCUMENTATION: _____
