



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:

*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:

*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 _____