



**Broward County Board of County Commissioners  
Court Child Supervision Services: KidSpace**

**ADDITIONAL CHILD CONFIDENTIAL INTAKE FORM  
(Revised 10/8/2020) Virtual Services**

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Birth Gender:       Male    Female      Child's Current Gender:       Male    Female

Child's Country of Origin: \_\_\_\_\_

Child's Race:       American Indian/Alaskan    Asian       Black or African American  
 Pacific Islander       White       Other (Please Specify): \_\_\_\_\_

Child's Ethnicity:    Hispanic       Haitian       Other (Please Specify): \_\_\_\_\_

Language(s) Spoken in the Home:  Spanish    Haitian-Creole    Other (Please Specify): \_\_\_\_\_

Is Child Proficient in English?  Yes    No

**Do you have a computer, tablet or smartphone that your child can use to connect to virtual KidSpace activities?**    Yes    No

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
**FOR STAFF ONLY**