

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

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

Date: _____

Child's Full Name: _____ DOB: _____

Mother's Full Name: _____

Father's Full Name: _____

Does child live with a legal guardian other than mother or father? Yes No

If Yes, Guardian's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Email Address: _____

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
