



Family Intake Form

Family is new to Satellite Family has child currently enrolled Family was previously enrolled

Information about Parent/Guardian:

First Name _____ Last Name _____

Email address* _____ Phone: _____

Street Address _____

City: _____ State: _____ Is this in the City of Madison proper? (*check one*) Yes No

Workplace ** _____ Second Phone (optional): _____

Information about Second Parent/Guardian (only information different from that of first needs to be added)

First Name _____ Last Name _____

Email address* _____ Phone: _____

Workplace ** _____ Second Phone (optional): _____

Child Enrolling in Satellite:

Child's First Name _____ Child's Last Name _____

Child's Date of Birth _____ Child's gender: (*check one*) F M

Child's ethnicity: (*check one*)

African American Latino Native American

Asian/Pacific Islander Multi-Racial Other

Caucasian

Does this child have a disability? (*check one*) Yes No

Date child started/will start care: _____ Family Child Care Provider: _____

Care schedule: (*check one*) FT PT PPT

FT (Full-time)=35+ hours per week PT (Part-time)=11-34 hours per week PPT (Part-part-time)=10 or fewer hours per week

Please see additional page to enroll additional children in family in Satellite.

*Satellite uses email to communicate with families about periodic learning opportunities and upcoming events of interest to those with small children and to send our newsletter three times a year. We do not share email addresses with others. We will remove this email from our list upon request.

**We're interested in learning about workplaces that might be interested in partnering with Satellite to help their employees find and use quality family child care. We do not share family information with employers.

Language preference

___ Family prefers to receive information and correspondence in **Spanish**

University of Wisconsin

Is anyone in the child's *immediate* family affiliated with UW–Madison? (*check one*) ___ Yes ___ No

If yes, how? check as many as apply:

___ Student

___ Staff

___ Faculty

Satellite Fees (please check one):

___ Family agrees to pay quarterly Satellite fees (see What is Satellite? and Fee Agreement/Waiver Form)

___ Satellite fees should be waived (see Fee Agreement/Waiver Form)

Parents Make a Difference:

Family is interested in being involved with Satellite by (please check as many as apply):

___ Assisting with fundraising

___ Serving on our Advisory Committee

___ Providing technical assistance

___ Other (please specify): _____

___ For any and all children enrolled, parent or legal guardian gives permission for child's image to appear, without identification, in photos or videos, including on Satellite's website, for outreach, training and quality improvement purposes.

Parent/Guardian Signature _____ **Date** _____

For Office Use Only:

Intake: If family is new to Satellite: What method of Direct Contact was made with the family?

(*check one*) ___ e-mail ___ phone call ___ phone message ___ intake meeting

Fees:

(*check one*) ___ All Fees Waived

___ Family pays Fees:

Enrollment Fee \$20 (*check one*) ___ Collected ___ Bill ___ Waived: Current/Former Family

Current Quarter: Amount: _____ (*check one*) ___ Collected ___ Bill

Consultant's signature: _____ Date _____