
Parent Intake Form

(To be completed separately by each parent)

Section 1: Parent Contact Information

- **Full Name:**
First Name*: [] Middle Name: [] Last Name*: []
 - **Date of Birth:** [//]
 - **Company/Employer (if applicable):** []
 - **Email(s):**
☐ Primary Email*: []
☐ Additional Email(s): []
 - **Address(es):**
Street Address: []
City: [] Province/Region: [] Country: [] Postal Code: []
☐ Primary ☐ Secondary
 - **Phone Number(s):**
+1 () -
Type: ☐ Home ☐ Mobile ☐ Work
☐ Primary ☐ Additional
-

Section 2: Relationship to Child(ren)

- ☐ Residential Parent (child primarily resides with you)
 - ☐ Visiting Parent
 - **Home Language:** []
 - **Preferred Method of Contact:** ☐ Phone ☐ Email ☐ Other: []
 - **Best Time to Contact You:** []
-

Section 3: Other Parent Information

- Full Name: [_____]
 - Phone Number: [_____]
 - Email Address: [_____]
-

Section 4: Services Requested (*Select all that apply*)

- ☐ Safe Parenting Time (Supervised Access)
 - ☐ Supervised Exchange
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Section 5: Service Fee Responsibility

- ☐ Residential Parent
 - ☐ Visiting Parent
 - ☐ Shared (e.g., 50/50, 25/75)
 - ☐ **Other:**
 - ☐ Arrangement yet to be finalized
-

Section 7: Child Information

Child 1

- Full Name: _____
- Gender: ☐ Male ☐ Female ☐ Other
- Age: **Date of Birth:**
- Medical Conditions / Special Needs:

- Medication or Interventions Required:

Child 2 (*repeat fields as above*)

- **Full Name:** _____
- **Gender:** ☐ Male ☐ Female ☐ Other

- **Age: Date of Birth:**
 - **Medical Conditions / Special Needs:** _____
 - **Medication or Interventions Required:**
-

Child 3 (*repeat fields as above*)

- Full Name: _____
 - Gender: ☐ Male ☐ Female ☐ Other
 - Age: Date of Birth:
 - Medical Conditions / Special Needs:
 - Medication or Interventions Required:
-

Section 8: Emergency Contact

- Name: _____
 - Phone Number: _____
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Section 9: Visitation Details & Documentation

Beamlight Supervision Services does not arrange or negotiate visit locations.

Visits will take place as **ordered by the court or as mutually agreed** upon by both parties.

(Please check all that apply)

- ☐ **In-home / Community-based visits**
- ☐ **Supervised Exchange**

Monitored virtual visits

- Court order, endorsement, or written agreement? ☐ Yes ☐ No
- Restrictions around toileting, diapering, or bathing? ☐ Yes ☐ No
- Parenting Time Schedule (location, timing)? ☐ Yes ☐ No

- Pending or confirmed criminal charges or bail conditions? ☐ Yes ☐ No
- Restraining order or no contact order in place? ☐ Yes ☐ No
- CAS or another Child Protective Agency involved. ☐ Yes ☐ No
- Car seat or booster seat required during visits. ☐ Yes ☐ No

Additional Information:

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Section 10: Referral Source

How did you hear about us?

☐ Court ☐ Lawyer ☐ Agency ☐ Friend/Family ☐ Online ☐ Other:

[_____]
