★ Selah Acting and Modeling Inc. ★

Client Intake Sheet

Child's Full Name:_____

Parent's Name:_____

Phone Number:_____ **Email:**_____

Address:_____

Age:_____ **DOB**:_____ **Race**:____ **Gender**:_____ **Last 4 of SSN**:_____

Measurements-

Height:_____ Inches:_____ Weight:_____ lbs.
Shoe Size:_____ Shirt Size:_____ Pants Size:_____ Diaper Size & Brand:_____

Hair
Color:_____ Hair Length:_____ Will Cut:____ Dye:____
Willing to Braid:_____ Willing to Straighten:_____ Willing to play as Opposite Gender?____

Allergies:(Latex)_____ (Animal Hair)_____ (Pollen)_____
Medications:_____

Nap Schedule: 1_____ (AM/PM) 2._____(AM/PM) Morning Wake Up:_____AM
(Temperament)_____ Happiest at What time of day?_____

Fears: (Clowns)____ (Heights)__ (Animal)___ (Loud Sounds)___ (Hats/Hair Bows)_____
Separation Anxiety?_____ (Certain Actions)_____

Favorites: (Food)_____ (Toy)_____ (Song)_____
(Character)_____ (Tickle Spot)_____ (Funny Face)_____

Talent:
(Sits Alone)___ (Dance)___ (Claps)_____(Crawls)____ (Walks)___ (Babbles)____
(Picks up objects)_____ (Knows Name)_____ (Self-Feeds)_____ (Potty Trained)_____

Personal Do's and Don'ts: _____ _____

Forms of ID: State ID_____ Passport:_____ Birth Certificate: _____
Shot Record:_____ Flu Shot?_____

Travel:
Distance Limitations from Atlanta?_____(miles) From GA?_____mi/hr From USA?_____

Car Info:
(Make)_____ (Model)_____ (Year)_____ (Color)_____

Adult Participation ? Yes/No Social Media Account Info:_____