

**CHILD INTAKE FORM 2017-2018**

CHILD'S NAME \_\_\_\_\_  
DOB \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Help us get to know your child better before the school year. Please answer each question to the best of your ability.

**SOCIAL-EMOTIONAL DEVELOPMENT**

How would you describe your child's temperament (circle one): \_\_\_\_\_

*Feisty*

*Flexible*

*Fearful*

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child separate easily? \_\_\_\_\_

Does your child form relationships easily with adults Yes No with children Yes No \_\_\_\_\_

Does your child tend to wander from you when outside or will they stay with you Yes No \_\_\_\_\_

Does your child have the ability to calm his/herself down? Yes No \_\_\_\_\_

What does that look like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child seek out an adult for guidance/assistance when needed? \_\_\_\_\_

**LANGUAGE DEVELOPMENT**

What is your child's primary language? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_  
\_\_\_\_\_

Does your child speak English? Yes No \_\_\_\_\_

Do you have any concerns about your child's speech? Yes No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL DEVELOPMENT**

Is your child (circle one):      Cruising      Crawling      Walking \_\_\_\_\_

Do you have any concerns about your child’s physical development, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child enjoy going outside?      Yes      No \_\_\_\_\_

Does your child watch a screen (TV, tablet, mobile phone)      Yes      No \_\_\_\_\_

If yes, for how long/how often? \_\_\_\_\_

\_\_\_\_\_

What do they watch? \_\_\_\_\_

\_\_\_\_\_

**SENSORY**

Does your child enjoy messy play?      Yes      No \_\_\_\_\_

Does your child avoid loud noises?      Yes      No \_\_\_\_\_

Does your child avoid strong odors?      Yes      No \_\_\_\_\_

Does your child bump/crash into things frequently?      Yes      No \_\_\_\_\_

**EATING & MEALTIMES**

Does your child feed him/herself independently? \_\_\_\_\_

What does it look like when your child is hungry? \_\_\_\_\_

\_\_\_\_\_

Does your child drink from a (circle one): \_\_\_\_\_

*Bottle                              Sippy Cup                              Cup*

How much food does your child typically eat at lunch? \_\_\_\_\_

How willing is your child to try new foods? \_\_\_\_\_

\_\_\_\_\_

How often do you introduce new food? \_\_\_\_\_

\_\_\_\_\_

Does your child eat a well-balanced diet of fruits, vegetables, protein, dairy and grains? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies/intolerances, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are these allergies/intolerances written on the **Child in Care Medical Statement**? \_\_\_\_\_

\_\_\_\_\_

### DIAPERING & TOILETING

Is your child toilet trained? Yes No At what stage is s/he (circle one): \_\_\_\_\_

*Diapers*

*Pull-Ups*

*Underwear & Rubber Pants*

*Underwear*

At what level of independence is s/he (circle one): \_\_\_\_\_

*Independent using the toilet but needs help with clothing*

*Fully Independent*

### SLEEPING & NAPTIME

Does your child still nap at home? Yes No If yes, for how long? \_\_\_\_\_

What is your bedtime routine? \_\_\_\_\_

\_\_\_\_\_

Does your child have difficulty falling asleep? \_\_\_\_\_

Does your child sleep through the night or do they get up? \_\_\_\_\_

If they get up during the night, how frequently? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_

### FAMILY

Name the people and the relationship to your child that live in your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets? Yes No If yes, please name them: \_\_\_\_\_

\_\_\_\_\_

Are there any recent changes in your child's life (new baby, new home, divorce, death)? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the values that pertain to your family: \_\_\_\_\_

*Manners*      *Tolerance of Others*      *Sharing*      *Honesty*

*Understanding of other Cultures & Holidays*      *Responsibility*

*Taking Care of Others*      *Empathy*      *Respect*      *Compassion*

**SCHOOL READINESS**

How long is your commute to school? \_\_\_\_\_

How does your child feel about coming to school? \_\_\_\_\_

\_\_\_\_\_

What is your child most looking forward to while at school? \_\_\_\_\_

\_\_\_\_\_

Does your child eat breakfast before coming to school (we do not serve breakfast)? \_\_\_\_\_

What does breakfast typically consist of for your child? \_\_\_\_\_

\_\_\_\_\_

Is there any additional information you would like to share at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_