



CHILD INTAKE FORM 2018-2019

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? _____
