



CHILD INTAKE FORM 2018-2019

***Please bring this form with you to our Meet Your Teacher, on August 10th**

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?