



A Solid Foundation Learning Center



12-24 month Intake form

Child's Name: _____ Nickname: _____

Age in months: _____ Gender: F M

Here at ASF we want to ensure that we can provide the best quality care for your child and family. In order to do this, it is important that we understand the dynamic of your child's family life, as it does play a major impact in their lives.

We'd also like to know more about your child's development so that we can accurately assist them throughout the day.

Currently my child has : 1 home or 2 homes (Shared with another adult)

The following people live in the Home 1: _____

Home 2: _____

Does your child have any siblings? Y N _____

What is your child's primary spoken language? _____

	YES	NO	Use this space to explain your answer or share anything you think might benefit us as your child's caretaker.
I feel my child can talk well for their age	<input type="checkbox"/>	<input type="checkbox"/>	
I feel my child gets upset easily	<input type="checkbox"/>	<input type="checkbox"/>	
My child gets upset over touch and sound	<input type="checkbox"/>	<input type="checkbox"/>	
My child is a very picky eater	<input type="checkbox"/>	<input type="checkbox"/>	
My child feeds himself.	<input type="checkbox"/>	<input type="checkbox"/>	
I feel like my child moves well like others.	<input type="checkbox"/>	<input type="checkbox"/>	
My child is walking unassisted most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	
My child does not like when people are in their space.	<input type="checkbox"/>	<input type="checkbox"/>	

Describe your child's temperament? (Funny, Laidback, Outgoing, Shy, Standoffish etc)

What type of reaction may your child display when they are upset? (Throw their bodies, throw a toy, become emotional...etc)

Does your child nap? Y <input type="checkbox"/> N <input type="checkbox"/>	How many times per day? _____	How long? _____	Does your child sleep Alone <input type="checkbox"/> Co-sleep <input type="checkbox"/>
Does your child sleep with a special blanket, toy or "lovey"? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____		Are there specific bedtime routines at home? Lullaby <input type="checkbox"/> White Noise <input type="checkbox"/> Silent <input type="checkbox"/> Other <input type="checkbox"/> _____	

What soothes your child when upset?

Does your child use a Pacifier?

Y N

What does your child use to drink?

Cup Bottle Other _____

What are your expectations or hopes for your child at our childcare center?

Is there anything regarding your family, extended family, or child that you would like to share with us?

As a reminder, we do not use infant bottles once your child has turned 12 months old. We provide whole milk (cow's milk) to your child beginning at 12 months. We use whole milk until your child turns 2. We can provide lactose free milk at your request. Any other milks you will need to supply and provide medical documentation as to the reason your child needs alternative milk. In addition, we do not allow children to walk around with pacifiers at this age. They can be used for napping purposes only, and by 18 months we try to eliminate them all together from the classroom environment.