



A Solid Foundation Learning Center



2's & 3's Intake form

Child's Name: _____ Nickname: _____

Age: _____ Premature Y N Born at how many weeks? _____ 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	<input type="checkbox"/>	<input type="checkbox"/>	
I feel my child gets upset easily	<input type="checkbox"/>	<input type="checkbox"/>	
My child does not like when people are in their space.	<input type="checkbox"/>	<input type="checkbox"/>	
My child is a very picky eater	<input type="checkbox"/>	<input type="checkbox"/>	
My child uses a sippy cup only (closed top)	<input type="checkbox"/>	<input type="checkbox"/>	
My child knows how to use an open cup?	<input type="checkbox"/>	<input type="checkbox"/>	
My child feeds himself using eating utensils.	<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 and what is your typical response?
(Throw their bodies, throw a toy, become emotional "Tantrum"...etc) (Time-out, Cry it out, "Give in", Redirect, Talk to your Child"...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?

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?



Should your child need additional assistance for development, the state of Illinois offers Early Intervention services to help children between the ages of birth to three to learn and grow. The first person that can help your child is you. If your child is under the age of three, they are entitled to developmental screening opportunities!

Through Early Intervention children are evaluated to see their progress in:

- movement,
- learning,
- dealing with others,
- behavior, and/or
- self-help skills.

If services are needed, an Individualized Family Service Plan (IFSP) will be written to set goals and identify needs. Families, with the support of Early Intervention, will receive assistance in helping their children reach their goals. In collaboration with home, school, and an assigned specialist.

Here at A SOLID FOUNDATION LEARNING CENTER, we are dedicated in strengthening families and can assist you with connecting you to services.

I have questions or concerns about my child's movement, learning, dealing with others, behavior, and/or self-help skills, and would like more information or assistance with a referral for Early Intervention. Yes No

For more information or to refer your child to the Illinois Early Intervention Program, call your local CFC office. To find your local CFC office, call

- 1-800-843-6154
- 1-866-324-5553 TTY/Nextalk, 711 TTY Relay
- Information available in English and Spanish
- Or visit eicclearinghouse.org/getstarted