



## INTAKE FORM

### FAMILY INFORMATION

Child's Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status of Parents:  Married  Divorced  Separated  Not Married

Where is your child's primary residence? \_\_\_\_\_

Are there any legal limitations regarding visitation or custody? \_\_\_\_\_

\_\_\_\_\_

Are there any other adults caring for your child? \_\_\_\_\_

Sibling(s): Name(s), Gender(s) and Age(s) \_\_\_\_\_

Do you have extended family in the area? \_\_\_\_\_

Are there any past, present or future happenings at home which would affect your child's well-being or behavior? \_\_\_\_\_

Has he/she been in a child care setting before? \_\_\_\_ Reason for leaving? \_\_\_\_\_

### GENERAL INFORMATION

Allergies:  Food \_\_\_\_\_  Medication(s) \_\_\_\_\_  Other \_\_\_\_\_

Physical limitations/challenges: \_\_\_\_\_

Hearing, vision or speech difficulties:

\_\_\_\_\_

Any problems at birth: \_\_\_\_\_

Any serious illnesses or hospitalizations since: \_\_\_\_\_

**\* THIS SECTION BELOW - FOR INFANTS ONLY \***

What skills has your child acquired (i.e. hold bottle, sit, crawl, etc.)? \_\_\_\_\_

What new skills is he/she acquiring? \_\_\_\_\_

Are you aware of any developmental delays? \_\_\_\_\_

What is your child's feeding schedule? \_\_\_\_\_

Sleep schedule? \_\_\_\_\_

Is your child still nursing? \_\_\_\_\_ Will you be nursing him/her during the day? \_\_\_\_\_

What types of foods does your child eat and in what amounts? \_\_\_\_\_

*[Parents of infants, please feel free to write N/A for any of the questions below if they are not applicable.]*

**PERSONALITY/SOCIAL INTERACTION**

Please describe your child's personality/temperament \_\_\_\_\_

How does your child comfort him/herself? \_\_\_\_\_

How does your child relate to other adults? \_\_\_\_\_

Other children? \_\_\_\_\_

How does your child relate to new people/places? \_\_\_\_\_

Do you use sitters often? \_\_\_\_\_ How does your child relate to sitters? \_\_\_\_\_

How do you help your child become comfortable in these situations? \_\_\_\_\_

If your child has been in a childcare setting previously, how did he/she react? \_\_\_\_\_

Does your child have special fears in any area? \_\_\_\_\_

What most often makes your child angry? \_\_\_\_\_

Is he/she frustrated easily? \_\_\_\_\_ How does he/she show frustration? \_\_\_\_\_

How do you react to his/her frustration? \_\_\_\_\_

How independent is your child? \_\_\_\_\_

Does he/she have any special habits? \_\_\_\_\_

How is his/her attention span – long/short? \_\_\_\_\_

How much time is spent watching television? \_\_\_\_\_ What programs? \_\_\_\_\_

How much time is spent with books? \_\_\_\_\_

Is reading a regular part of the day? \_\_\_\_\_

Is your child afraid to get messy? \_\_\_\_\_ how do you feel about it? \_\_\_\_\_

How does your child feel about animals? \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_  not yet determined

What methods of discipline do you use most often and are they effective? \_\_\_\_\_

\_\_\_\_\_

Child's reaction to these? \_\_\_\_\_

Do you anticipate a separation problem at school? \_\_\_\_\_

### **ACTIVITIES**

Does your child have a favorite activity or play item? \_\_\_\_\_

Does your child prefer to play with other children or alone? \_\_\_\_\_

What does your child like to do with you? \_\_\_\_\_

Does your child entertain him/herself? \_\_\_\_\_

### **EATING/SLEEPING/DIAPERING**

What types of foods does your child like/dislike? \_\_\_\_\_

Do you use any special wipes, medications, powders, ointments for diapering? \_\_\_\_\_

Is your child toilet training presently? \_\_\_\_\_

Any special difficulties with potty training \_\_\_\_\_

Any problems connected with sleeping? \_\_\_\_\_ Does he/she nap? \_\_\_\_\_

Does he/she use a special toy, blanket or pacifier when sleeping? \_\_\_\_\_

**PARENT QUESTIONS/CONCERNS**

What are you looking for school to provide your child? \_\_\_\_\_

Our program incorporates Jewish content. Do you have any concerns regarding this? \_\_\_\_ If yes, please explain: \_\_\_\_\_

Is a second language spoken at home? \_\_\_\_ If yes, which language? \_\_\_\_\_

Are there any special talents, hobbies or interests in your family? \_\_\_\_\_

Sometimes, transitions are as hard on parents as they are for the child. Do you have any special requests for ways in which we can make this transition easier for you (i.e. phone calls, notes, etc.)? \_\_\_\_\_

Is there anything else you would like us to know about your child that might help us in providing the **best** care for your child? \_\_\_\_\_