

School Age Intake Information

Date Completed _____

Child Information

Name _____ Nickname _____

Date of Birth _____ Age _____

Language/Culture

Does your child speak/understand English? ☐ yes ☐ no

Is there a second language spoken in the home? ☐ yes ☐ no (if yes, which language) _____

What special days do you celebrate in your family? _____

How do you feel about celebrations at the center that are not a part of your family's traditions? _____

What would you like us to know or understand about your culture, beliefs or family? _____

Would you like to participate in your child's program by ☐ reading a favorite story ☐ reading or telling about your culture ☐ sharing a family recipe ☐ other _____

Physical background

Has your child had any serious illness, operations, or accidents since birth? (if yes, please describe) _____

What health problems does your child have now? _____

Any diagnosed physical disabilities? ☐ yes ☐ no

If yes, please describe: _____

Physical background continued...

Does your child take any medicine regularly? ☐ yes ☐ no

If yes, please describe: _____

Does your child have any recurring chronic illness or health problems (such as asthma)?

☐ yes ☐ no If yes, please describe _____

Development

Does your child have any problems with talking or making sounds?

☐ yes ☐ no

If yes, please describe: _____

Does your child have any problems with walking, running, or moving?

☐ yes ☐ no

If yes, please describe: _____

Does your child have any problems seeing or hearing?

☐ yes ☐ no

If yes, please describe: _____

Does your child have any problems using his/her hands (such as with puzzles, drawings, small building pieces)?

☐ yes ☐ no

If yes, please describe: _____

Do you have any concerns about your child's development?

☐ yes ☐ no

If yes, please describe: _____

Does your child have an individual educational program (IEP)?

☐ yes ☐ no

Separation

Has your child ever been separated from you for a long period of time?

☐ yes ☐ no

Has your child ever been in a day care home, center, preschool group, or other group program?

☐ yes ☐ no

If no, who cares for your child? _____

How does your child react to being left by you?

Are there any special routines that might make separation easier for your child? _____

Relationships & Interests

How does your child get along with other children?

Is your child friendly?

☐ yes ☐ no

Is your child aggressive? ☐ yes ☐ no
Is your child shy? ☐ yes ☐ no
Is your child withdrawn? ☐ yes ☐ no

Does your child play well alone? ☐ yes ☐ no

How does your child get along with other adults?

What are your child's favorite toys?

How does he/she react to frustration?

Does your child have any fears or concerns? If yes, please describe:

How do you feel your child will adjust to our child care setting?

Who does the most of the disciplining (behavioral guidance) in your home?

What is the best way to guide your child's behavior?

How do you comfort your child?

Does your child use a special comforting item (such as a blanket, stuffed animal, or doll?)

☐ yes ☐ no If yes, please describe: _____

Feeding

Are there any foods your child should not have due to cultural or religious beliefs? If yes, please describe:

Is your child a vegetarian? If yes, please describe: _____

Have you noticed any sensitivities to particular foods? If yes, please describe: _____

Has your child had any feeding/eating problems? If yes, please describe: _____

Does your child have a good appetite and show interest in food? ☐ yes ☐ no

What are a few of your child's favorite foods? _____

Feeding continued...

What foods does your child dislike the most? _____

How well does your child use utensils? ☐ just learning ☐ very well

Toileting

Does your child have any toileting issues? ☐ yes ☐ no

If yes, please describe: _____

Sleeping

Will your child have to wake up earlier than normal to come to the center? ☐ yes ☐ no

Update every 6 months:

Initials:_____date:_____ **Initials:_____date:_____**

Initials:_____date:_____ **Initials:_____date:_____**