

## Preschool Enrollment Intake Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

### Eating

Is your child on any special diet? \_\_\_ Vegetarian \_\_\_ ovo-lacto \_\_\_ vegan \_\_\_ other

Does your child have any food allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Would you allow us to post a photo of your child to alert all staff to his/her allergy?  Yes  No

What does your child use to drink?

\_\_\_ bottle \_\_\_ sippy cup \_\_\_ regular cup \_\_\_ nursing \_\_\_ other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

### Sleeping

Does your child nap? \_\_\_\_\_ How many times per day? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy or "lovey", or pacifier?  Yes  No

Are there specific bedtime routines at home? \_\_\_\_\_

Where does your child sleep at home? \_\_\_\_\_

### Toileting

Does your child use diapers?  Yes  No \_\_\_ Cloth \_\_\_ Disposable \_\_\_ Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

Are there any specific ointments or lotions your family uses: \_\_\_\_\_

Does your child use a potty or the toilet? \_\_\_\_\_

How does your child let you know that it's time "to go"? \_\_\_\_\_

Does your child need regular reminders to use the bathroom  Yes  No

### Development

Do you have any concerns about your child's development?  Yes  No

\_\_\_ Hearing \_\_\_ Vision \_\_\_ Language \_\_\_ Gross Motor \_\_\_ Fine Motor \_\_\_ Social \_\_\_ Other

What is your child's primary spoken language? \_\_\_\_\_

Are there other languages being used with your child \_\_\_\_\_

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### Social and Emotional development

Has your child been in child care before?  Yes  No

Is your child comfortable in group situations?  Yes  No

What is your child's regular routine when at home? \_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality? \_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

What soothes your child? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Does your child have any favorite songs or games that comforts them? \_\_\_\_\_

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

What are your expectations for the Children's Center and Center staff members?

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