



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?