early childhood center



Toddler and Preschool Classroom Intake

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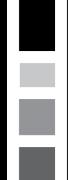
you belong at the center. experience it.

The information obtained through this form will be used to help your child's teachers gain insight on how to provide your child with a positive and successful early childhood learning experience. Thank you for taking the time to complete this form!
Child's Name: Date of Birth:
What do you call your child? Does s/he have any nicknames?
Parent/Guardian's Name(s):
Sibling(s) Name(s) and Age(s):
Names and Ages of Other Individuals in Child's Home:
Language(s) Spoken at Home:
What is your child's living arrangement?
Does your child have any allergies and/or special physical or mental conditions (describe or list):
Does your child have frequent colds, ear infections, etc.? □ Yes □ No If yes, please explain:
Does your child take medication regularly? □ Yes □ No If yes, what kind/for what condition?
What are your child's favorite foods?
Least favorite foods:
Does your child like trying new foods?
Are there any foods your child cannot eat?
Does your child have a regularly scheduled nap/rest time? Yes No Length of time of regular nap/rest time:
Does your child have a favorite toy or blanket for nap time?
How does your child usually fall asleep? Easily, with difficulty, back rub, etc.:
Any other sleeping information:

Please complete other side.



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How does your child comfort her/himself?
Is there anything special you do or say to comfort your child?
Describe your child's personality/temperament:
My child feels happy when:
My child feels angry when:
S/he expresses anger by:
Does your child have any fears? If yes, how are they shown and what do you do at home to help your child cope with them?
Does your child have temper tantrums? How do you handle them?
Has your child learned to use the toilet?
Does your child have accidents? Frequency?
How does your child communicate his/her need to use the toilet?
What are some of your child's favorite toys and activities?
Do you have any areas of concern (socially, behaviorally, emotionally, etc.) about your child's development?
What are your expectations for your child's school experience?

