

INTAKE RECORD

Identification Information

Child's Name _____

Last

First

Middle

Child's Birthdate _____

Sex F / M

Child's Address _____

Phone # _____

Cell # _____

Parents or Guardian

Name

Address / Phone (if different then above)

1. _____

2. _____

Family History

Marital status: Married Divorce Separated Deceased Single

Other children at home

Name

Age

Name

Age

1. _____

2. _____

3. _____

4. _____

Who will have authority to pick up your child? A written note needs to be left if someone other than a parent is picking up your child including the people listed below. Please include work, home and cell phone numbers.

1. _____

2. _____

3. _____

Cultural / Family traditions: Please list any traditions or restrictions your child has. If food related please see Dietary needs section.

Physical Regime

What is your child's normal nap time and length? _____

What is your child's attitude toward taking a nap? _____

Dietary Needs: Food Allergy Religious Personal Choice

If the restriction is due to an allergy, a Food Allergy Action Plan would need to be filled out, along with a Doctor's note regarding allergy.

Please list restrictions (any restrictions will require an IPP to be filled out)

Play and Sociality

How does your child get along with other children? _____

Is your child able to play and work independently? _____

Previous group experience: Nursery School Play Group Sunday School Other

Personality and emotional Development

Does he/she accept new people easily? _____

How is your child comforted? _____

Does he/she have any special fears or problems? _____

How does your child exhibit anger and/or hostility? _____

What are your child's communication habits? _____

What are your child's toileting habits? diapers partial trained potty trained

Permission

Permission (is, is not) given for field trips. Please sign even if your child is a toddler. This will be helpful in the future, when your child is old enough for field trips.

Parent / Guardian Signature _____

Miscellaneous

How is discipline handled by parents? Does it differ between mother, father or others living in the home? _____

Is your child receiving or eligible for Developmental Disability related case management services, have an IEP or any type of educational plan, or attending any additional educational programs which involve transportation?

Parent/Guardian Signature _____

Date _____

Staff Signature _____ Date _____