



PRESCHOOL ENROLLMENT INTAKE FORM

Child's Name:	Date of Birth:
Nickname:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

EATING

How often does your child eat?	
Do you feed your child or help them to eat? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is your child on any special diet? If YES please describe:	Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/>
Does your child have any food allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please describe:	
Would you allow us to post a photo of your child to alert all staff to his/her allergy? YES <input type="checkbox"/> NO <input type="checkbox"/>	
What does your child use to drink? (choose all that apply) Sippy Cup <input type="checkbox"/> Regular Cup <input type="checkbox"/> Nursing <input type="checkbox"/> Bottle <input type="checkbox"/> Other <input type="checkbox"/> please describe:	

SLEEPING

Does your child nap? YES <input type="checkbox"/> NO <input type="checkbox"/>	How many times per day? How Long?
Does your child sleep with a special blanket, toy or "lovey", or pacifier? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please describe:	
Are there specific bedtime routines at home?	
Where does your child sleep at home?	



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TOILETING

Does your child use diapers? YES NO

Disposable

Pull ups

Cloth* *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? YES NO

If YES please describe:

Does your child use a potty or the toilet? YES NO

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 please describe:

What is your child's primary spoken language?

Are there other languages being used with your child?

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child been in child care before? YES NO

Is your child comfortable in group situations? YES NO

(ie: takes time to warm-up, stays close, ready to run/play)

Is your child around other children that are around their same age often? YES NO



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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?

SOCIAL AND EMOTIONAL DEVELOPMENT -continued-

Are there activities your child avoids? YES NO

If YES please describe:

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

Does your child have any siblings? YES NO

If YES How Many?

What are their Names?

Does your family have any pets? YES NO

If YES How Many?

What are their Names?

What soothes your child?

What frightens your child?

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



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What do you practice at home? (name, age, family names, alphabet, numbers, shapes, colors...etc.)

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?