

Intake information for children 2 - 5 years old

Home Information

Child's name _____ Nickname (if any) _____

Parent's name _____ Today's date _____

Health Factors

My child has allergies or a special physical condition. (List allergies or describe physical conditions.)

My child has had a serious illness, convulsion, operation, or accident. (List date and describe the occurrence.)

My child has frequent colds, ear infections, colic, etc. (Describe condition.)

Eating

Food allergies No Yes

Describe _____

Favorite foods _____

Foods refused _____

Diapering and toileting procedures

Child's skin is highly sensitive No Yes Frequent diaper rash No Yes

Use of oil, powder or lotion No Yes, list name(s) _____

Toilet training has been attempted No Yes

Routine _____

Bowel movements are regular No Yes

How often _____ Times of day _____

Type of toilet seat used at home: Potty chair Special toilet seat Regular toilet seat

Toileting problems No Yes

Describe _____

Communication & Family Dynamic

Language family speaks English Other, list _____

Child speaks in English Other, list _____

Our family is comprised of immediate members extended members

Cultural traditions/information to share about your family

Our family celebrates holidays No Yes, list

My child learns best through:

- hands-on experiences (tactile)
- hearing/listening (auditory)
- repeating requests/directions/information (verbal)
- seeing information (visual)

Self-Expression

List your child's favorite toys and activities for indoors and outdoors.

Indoors _____

Outdoors _____

What causes your child to feel angry? _____

Frustrated? _____

What frightens your child and how is it shown? _____

How does your child express feelings of happiness, enjoyment, etc.? _____

Add any information about your child's habits, abilities or personality which you feel would help the staff in providing a good experience for her/him and ensure a smooth transition into our program.

Signature

Date