

Preschool Enrollment Intake Form

Child's Name: _____ DOB: _____ 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? _____

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? _____
