**Intake Information**

Child’s Name Birth date Sex

Address Phone

If the child does not use his/her legal name, please list the name that he/she will be using at preschool:

**Mother**

Name Home Phone

Address Cell Phone

Employer Work Phone

Email

**Father**

Name Home Phone

Address Cell Phone

Employer Work Phone

Email

**Custodian or Guardian (if applicable)**

Name Home Phone

Address Cell Phone

Employer Work Phone

Email

**Child Care Provider (if applicable)**

Name Home Phone

Address Cell Phone

Employer Work Phone

Email

 **Family History**

Marital status If separated or divorced list any special information we should be aware of:

Other children in the home (name and birth date)

When you find it necessary to discipline your child, which parent usually does this and how?

**Physical Needs**

Does your child have any unusual problems eating or food allergies?

Will your child take any medication at school? If so, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child’s usual bedtime? Waking time?

 Urination Bowel Movement

How does he/she state need for

How dependable is he/she? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is suggested your child brush their teeth two times a day at home, does he/she? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Play and Socialization**

How does he/she get along with other children?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are his/her playmates \_\_girls \_\_boys \_\_younger \_\_older \_\_\_mixed \_\_none

What is the usual size of the group he/she plays in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous group experience: Preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Play Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunday School \_\_\_\_\_\_\_\_\_\_

**Personality and Emotional Development**

Do you regard your child as affectionate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she accept new people easily? \_\_\_\_\_\_\_\_\_\_\_ is he/she usually happy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are his/her fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What nervous habits does he/she have and when are they displayed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suspect any developmental delays? If so, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider your child \_\_\_\_\_\_\_\_\_\_ right-handed or \_\_\_\_\_\_\_\_\_ left-handed?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_