

PRE-K INTAKE

Dated Completed: _____

I. IDENTIFICATION INFORMATION

		(DD/MM/YYYY)		M/F
Child's Name:		Birth Date:		Sex:
Address:				
Ethnicity:		Nationality:		
If child does not use his/her legal first name, please list the name he/she uses:				
Use of Name:		Home Phone:		
Address (if different)		Work Phone:		
Place of Employment		Cell Phone:		
Use of Name:		Home Phone:		
Address (if different)		Work Phone:		
Place of Employment		Cell Phone:		
Guardian's Name: (other than parent if applicable)		Home Phone:		
Address (if different)		Work Phone:		
Place of Employment		Cell Phone:		

II. FAMILY HISTORY

Marital status of Parents (voluntary information)

Are there any custody arrangements we need to be aware of?

Yes / No

If yes:

Please explain:

If Child is adopted, list age of adoption _____ is Child aware of adoption?

Yes / No

Other children in the home (name & ages)

1.		yrs	4.		yrs
2.		yrs	5.		yrs
3.		yrs	6.		yrs

Are there other members of the household?

Yes / No

If so, list name, age (if under 21 yrs) & relationship:

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III. PHYSICAL REGIME

What are your child's Sleeping patterns?			
What are your child's feeding patterns? (Approx times, hours)			
Does your child nap? Yes / No	When/Times?	Usual bed time?	Usual waking time?
What does your child usually eat for breakfast & at what time?			
Does your child have any special dietary needs based on a medical condition allergies or religion? Yes / No If yes, a special release form needs to be completed and signed by a physician. Please see someone in the front office to pick up the form.		Please explain/list:	
Does your child have any specific food likes/dislikes?			
Do you feel your child's speech is clear? Yes / No		Can strangers understand when he/she speaks? Yes / No	
Is any language other than English used in the home?	Yes / No	If yes, please describe:	

IV. MEDICAL/SURGICAL HISTORY

Please list illnesses your child has had:			
Does your child have:	Yes	No	Has your child had any serious accidents/ operations? Yes / No
Frequent colds?			
Earaches?			
Fevers?			
Sore throats?			
Stomachaches?			
Does your child have any allergies? Yes / No			If yes, please explain:
Does your child take any regular medications? Yes / No			If yes, please explain:

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<p>Does your child have any vision or hearing problems</p> <p>Yes / No</p>	<p>If yes, please explain:</p>
<p>Are there any special medical, physical or emotional needs that the school or staff should be aware of?</p> <p>Yes / No</p>	<p>If yes, please explain:</p>

V. PERSONALITY & EMOTIONAL DEVELOPMENT

Does your child have any specific fears? Yes / No		If yes, please explain:	
How much TV does your child generally watch each day?		Time:	
Does your child have computer time at home? Yes / No		If yes, how much time/day?	
What are your child's favorite activities? List activities:			
What does your child enjoy doing with Úæ } of?			
List activities:			
What does your child enjoy doing with Úæ } of?			
List activities:			
Does your child play well alone?		Are there neighborhood playmates? Yes / No	If so, what age children does your child play with?
In groups?	Yes / No		
Does your child accept correction easily? Yes / No		When you find it necessary to discipline your child, which parent usually does this and how?	

Please tick items below that describe your child:

	✓		✓		✓		✓		✓
Happy		Aggressive		Friendly		Moody		Clumsy	
Dependent		Stubborn		Impulsive		Fearful		Quiet	
Attentive		Good-natured		Sympathetic		Shy		Even-tempered	
Sleepy		Other:							

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VI. COGNITIVE DEVELOPMENT

Has your child learned to:	Yes	No		Yes	No
Listen to Stories?			Dress self independently?		
Say His / Her name?			Follow simple directions?		
State His / Her age & sex?			Name basic colors?		
Recognize & name common objects?			Throw & Catch a ball?		
Write name?			Balance on one foot?		
Draw a person?			Hop on one foot?		
Ride a tricycle?			Count?	Yes / No	How Far?
Other: (Please note additional significant accomplishments)					

VII. PLAY & SOCIALITY

Has your child had group play experience? Yes / No	If yes, please explain:
Has someone cared for your child besides the family? Yes / No	If yes, please explain:
Has your child gone to Pre-School or Daycare before? Yes / No	If yes, please describe previous experiences:
Do you have any concerns about any aspect of your child's development? Yes / No	If yes, please explain:
What do you hope will be included in your child's Pre-K program/ goals for your child?	List Goals: