PRESCHOOL INTAKE

Dated Completed: _____

I. IDENTIFICATION INFORMATION

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

Does your child express own toilet needs? ☐ **Yes / No** ☐ Are there any concerns? ☐ **Yes / No** ☐

If yes please describe:
Describe assistance needed & words used:

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

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 Mother? List activities:			
What does your child enjoy doing with Father? List activities:			
Does your child play well alone?	☐ **Yes / No** ☐	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
Say Nursery Rhymes?	☐	☐	Sing Songs?	☐	☐
Listen to Stories?	☐	☐	Say His / Her name?	☐	☐
State His / Her age & sex?	☐	☐	Dress self independently?	☐	☐
Recognize & name common objects?	☐	☐	Throw & Catch a ball?	☐	☐
Follow simple directions?	☐	☐	Name basic colors?	☐	☐
Hop on one foot?	☐	☐	Balance on one foot?	☐	☐
Draw a person?	☐	☐	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 Preschool program/ goals for your child?	List Goals: