

CHILD CARE INTAKE FOR CHILD OVER 2 YEARS

Use of form: This form collects information about children over two in order to aid child care workers in individualizing the program of care for the child in a family or group day care center. Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose.

Instructions: This form is to be completed by a parent prior to a child's first day of attendance. If additional space is needed, attach a separate sheet.

PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI)

Nickname (If any)

Birthdate (mm/dd/yyyy)

Name – Parent(s) (Last, First, MI)

Telephone Number- Home

Address – Parent(s) (Street, City, State, Zip Code)

HEALTH

_____ Child has / had allergies or a special physical condition – Describe.

_____ Child had a serious illness, convulsion, operation, or accident - Describe, include date of occurrence.

_____ Child has frequent colds, ear infections, colic, etc. - Describe.

MEALS

Current feeding schedule

Length of time on current schedule

Feeds self

___ No ___ Yes Uses: ___ Spoon ___ Fork ___ Hands

Special feeding problems

___ No ___ Yes

Food allergies

___ No ___ Yes

Favorite foods – Specify

Refused foods – Specify

SLEEP

Current sleep schedule

Length of time on current schedule

Falls asleep easily
___ No ___ Yes

Mood upon awakening – Describe.

Takes favorite toy(s) to bed
___ No ___ Yes – List toy(s).

DIAPERING / TOILETING

Pull-Ups used
___ No ___ Yes

Highly sensitive skin
___ No ___ Yes – Specify

Toilet training attempted
___ No ___ Yes- Describe routine.

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

Regular bowel movements
___ No ___ Yes – How often, what time of day.

Toileting problems
___ No ___ Yes – Describe

VERBAL COMMUNICATION

Family speaks what language(s) – Specify

Age child began talking.

Child speaks in
___ Words ___ Sentences

Words used to describe special needs – Specify.

COMFORTING

Child likes to be
___ Held ___ Sung to ___ Rocked ___ Read to ___ Other - Specify

Special things you say or do to comfort child

SELF - EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

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

SOCIAL DEVELOPMENT

Is your child used to playmates?

No Yes

Child's indoor favorite toys and activities – Specify.

Child's outdoor favorite toys and activities – Specify.

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in child care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

SIGNATURE - Parent

Date Signed