

# Preschool Intake Form



South Windsor  
Child Development Center

Start Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Last

Does your child have a nickname he/she would prefer to use? \_\_\_\_\_

Sibling's Names: \_\_\_\_\_

Please list any other members of your household: \_\_\_\_\_

Are there other adults that care for your child? \_\_\_\_\_

**Please help us get to know your child by completing the following information. All information is kept confidential and shared only with the classroom teachers.**

### Health History: Does your child have or had in the past:

Any known allergies (food, environmental, medication)? \_\_\_\_\_

Any medications taken regularly? \_\_\_\_\_

Have any physical disabilities? \_\_\_\_\_

Have there been any serious illnesses or hospitalizations? \_\_\_\_\_

Receive assistance from Child Find or received assistance in the past from Birth to Three? \_\_\_\_\_

If so, does your child have an IEP? \_\_\_\_\_

PLEASE NOTE IF YOUR CHILD DOES HAVE AN IEP, THAT INFORMATION MUST BE SHARED WITH THE CLASSROOM TEACHER SO THAT WE CAN WORK TOGETHER TO HELP YOUR CHILD SUCCEED.

### Family/Personal:

What language(s) are spoken at home? \_\_\_\_\_

What language(s) does your child speak? \_\_\_\_\_

What holidays are celebrated in the home? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

How does your child handle anger and frustration? \_\_\_\_\_

What steps do you take when your child is angry/frustrated/not listening? \_\_\_\_\_

Does your child wander away or hide while in public places? \_\_\_\_\_

Does your child indicate when he/she needs to use the bathroom? \_\_\_\_\_

Does your child have frequent toilet accidents? \_\_\_\_\_

Does your child wipe himself/herself after a bowel movement? \_\_\_\_\_

Does your child need assistance with clothing when using the bathroom? \_\_\_\_\_

Is your child able to dress self (put on and remove basic clothing and outerwear)? \_\_\_\_\_

Does your child nap? (Please circle)      Daily      2-3x week      Rarely

What is your child's night sleep schedule? \_\_\_\_\_

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## Social Relationships:

Has your child had any previous school or play experience? \_\_\_\_\_ If yes, where and for how long?

Was this a good experience for your child? \_\_\_\_\_

Generally, how does your child adjust to new experiences? \_\_\_\_\_

Who does your child seem to enjoy spending time with when given a choice, children or adults? \_\_\_\_\_

What would you like your child to gain from this experience? \_\_\_\_\_

What do you feel are your child's assets/qualities? \_\_\_\_\_

In what areas of your child's development do you feel he/she needs encouragement? \_\_\_\_\_

Is there any further information you would like to share about your child? \_\_\_\_\_

Families are encouraged to become involved in Center activities. Please check any areas in which you would like to enrich the lives of the children in your child's program. This is strictly volunteer and would be according to your schedule. We really appreciate any help you can give us!

- \_\_\_\_\_ Volunteering to read a story or help with an art project
- \_\_\_\_\_ Giving time as a family to work in the garden area
- \_\_\_\_\_ Helping with fundraising
- \_\_\_\_\_ Sharing a special talent
- \_\_\_\_\_ Sharing information about your job
- \_\_\_\_\_ Copying surveys/manuals/information etc.
- \_\_\_\_\_ Making dinner for staff for their monthly night staff meetings
- \_\_\_\_\_ Doing a cooking project in the classroom
- \_\_\_\_\_ Being a classroom representative
- \_\_\_\_\_ Joining the Board of Directors
- \_\_\_\_\_ Anywhere needed
- \_\_\_\_\_ Other Suggestions

To help us determine other ways that you could be involved, please answer the following:

Parent's/Guardian's Job Title(s)

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

**Parent or Guardian (Please Print)**

**Date**