

Toddler Intake Form



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? _____

Was your child full-term? _____

Receive assistance or has received assistance in the past from Birth to Three? _____

Family/Personal:

What language(s) are spoken at home? _____

What language(s) is your child speaking or will be learning to speak? _____

What holidays are celebrated in the home? _____

Is your child toilet trained? _____ (or) in the process of toilet training? _____

What is your child's night sleep schedule? _____

What is your child's nap schedule? _____

Does your child feed himself/herself? _____ use utensils? _____

What are some of your child's favorite activities? _____

Social Relationships:

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

Was this a good experience for your child? _____

Does your child seem to enjoy being with other children? _____ Adults? _____

Generally, how does your child adjust to new experiences/people? _____

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What would you like your child to gain from this experience? 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 or ways we can help you and your child adjust to this new experience? _____

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

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